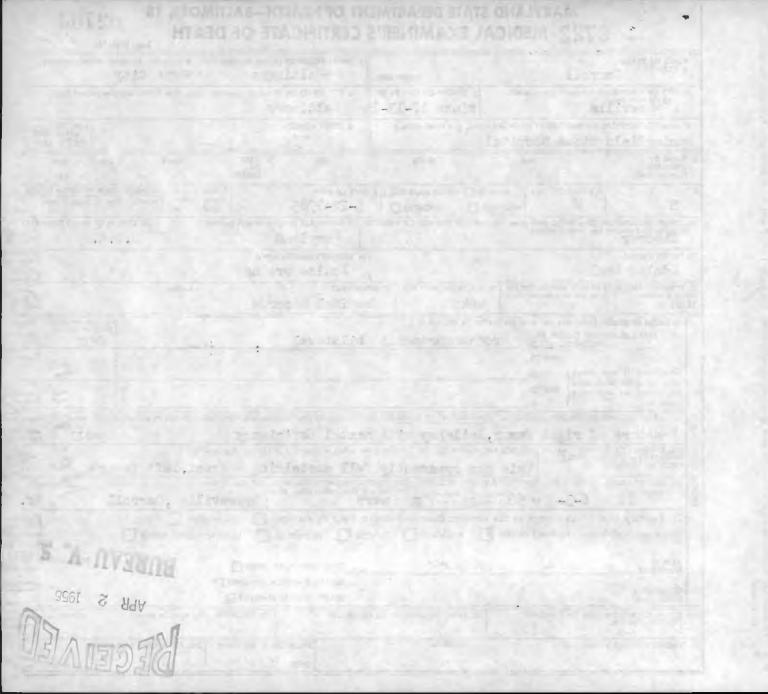
		arroll		MARYLAND		more	b. COUNT	City	7
	Sykesvi		s	ince 12-13-	2 Baltimo	re	parote limits, write	RURAL ond	give neorest lown)
1/15		tal or institution (i.d. State Hos		give street address)	d. STREET ADDRESS	mh			e. IS RESIDENCE ON A FARM YES NO
	3. NAME OF DECEASED (Type or print)	Het	man	Middle	Abel	4. DATE OF DEATH	MAR	4	25 19 J
	S. SEX	6. COLOR OR RACE	7. MARRIED WIDOWED	DIVORCED	8. DATE OF BIRTH 6-22-1905		9. AGE (In years 50 yrs.	Months	TYEAR IF UNDER 24 HE Days Hours Min.
,	10a. USUAL OCCUPATI during most of worki Laborer	ON (Give kind of work ong life, even if retired)	dane 10b. KIND	OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sto		ountry)		S.A.
1	13. FATHER'S NAME Adolph A	bel		ware.	14. MOTHER'S MAIDEN				
Ug	15. WAS DECEASED EX (Yes, no, or unknown)	VER IN U. S. ARMED FOI (If yes, give war or dotes of	RCES? 16. SOCI		MFORMANT Hospital Rec	ords	Address		
		ATH [Enter only one cau	Description), (b), ond (c).]	bilateral			-	INTERVAL BETWEEN ONSET AND DEATH
	4914	IMMEDIATE CAUSE (o) DUE TO	_ DI OHG	MONTH WINDING	ottacelar	,	4		days
V									
V	Conditions, if a gove rise to imme (a), stating the couse tost.	diote cause							
2	gove rise to imme (a), stating the couse last.	underlying DUE TO			NOT RELATED TO THE TER		E CONDITION GIVI	EN IN PART	PERFORMED?
2	gove rise to imme (o), stoting the couse lost.	HER SIGNIFICANT CONIC OF right f	emur, Ep	ilepsy with	mental defi	ciency ort I or Port II	of item 18.)		PERFORMED? YES NO
2	gove rise to imme (o), stoting the couse tost. PART II. OTI Fracture 20c. EXTERNAL CAP PRIMARY II. or CAP	HER SIGNIFICANT CONIC OF right f USE WAS NITRIBUTING T RY Month, Day, Yea	emur, Epi b. DESCRIBE HOV his man	ilepsy with w INJURY OCCURRED. apparently IY OCCURRED 20e. PL	mental defi	ciency ort I or Port II ning a rm, 20f. (City tc.)	of item 18.) fract.le	ft fer	PERFORMED? YES NO
2	gove rise to imme (o), stoting the couse tost. NO PART II. OTI Fracture 20c. EXTERNAL CAI PRIMARY II. OT CAUSE OF DEATH. 10 CAUSE OF DEATH. 20c. TIME OF INJUINATION	DUE TO HER SIGNIFICANT CONIC Of right f USE WAS NTRIBUTING T RY Month, Day, Yea 6-3- 19	chis man 20d. INJUR 56 of work	ilepsy with N INJURY OCCURRED. apparently Y OCCURRED 20e. PL Not while 20e. PL Not while 20e. PL ot work 20e. PL ins described above	mental defi (Enter noture of injury in P fell sustai ACE OF INJURY (Home, fa ctory, street, office bldg., e ard ove, held an Autop	ciency ortior Portil ning a rm, 20f. (City ke.) Syke	of item 18.) fract.le	ft fer (Covi	PERFORMED? YES NO TO THE PERFORMED?
2 06	gove rise to imme (o), stoting the couse tost. NO PART II. OTI Fracture 20c. EXTERNAL CAI PRIMARY II. OT CAUSE OF DEATH. 10 CAUSE OF DEATH. 20c. TIME OF INJUINATION	DUE TO underlying DUE TO A HER SIGNIFICANT CONIC of right f USE WAS NTRIBUTING T RY Month, Day, Yea 6-3- 19 hat I took charge	chis man 20d. INJUR 56 of work	ilepsy with N INJURY OCCURRED. apparently Y OCCURRED 20e. PL Not while 20e. PL Not while 20e. PL ot work 20e. PL ins described above	mental defi (Enter noture of injury in P fell sustai ACE OF INJURY (Home, for lory, street, office bldg., eard ove, held an Autopicide [], Homicid M.D. CHIEF MEDICAL	oriency ori lar Part II ning a Im., 20f. (City fc.) Syke Osy D. Ir de D., Ur	of item 18.] fract.le or town] esville ospection [], ndetermined co	ft fer (Covi	PERFORMED? YES NO [MUT Note: Note
2	gove rise to imme (o), stoting the couse tost. NO PART II. OTH Fracture 20c. EXTERNAL CAI PRIMARY DO CAUSE OF DEATH. 20c. TIME OF INJUINATION DO M. 21. I certify to death resulted ACTUAL SIGNATURE EXAMINER'S NAME Hyper	DUE TO underlying DUE TO A HER SIGNIFICANT CONIC of right f USE WAS NTRIBUTING T RY Month, Day, Yea 6-3- 19 hat I took charge	this man 20d. INJUR 56 of work causes C,	ilepsy with N INJURY OCCURRED. apparently Y OCCURRED 20e. PL Not while 20e. PL Not while 20e. PL ot work 20e. PL ins described above	mental defi (Enter noture of injury in P fell sustai ACE OF INJURY (Home, for arrow) ACE OF INJURY (Home, for iter), street, office bldg., e ard Ove, held an Autopicide , Homicid M.D. CHIEF MEDICAL ASSISTANT MEDICAL DEPUTY MEDICAL	ciency or I or Port II ning a rm., 20f. (City tc.) Syke Syke Syke CSY D. Ir EXAMINER CAL EXAMINER	of item 18.) fract.le. or town) esville, inspection [], indetermined con	ft fer (Covi	PERFORMED? YES NO [] MUT (Stote) M M , and find th

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

- 2723 CERTIFICATE OF DEATH

		8	/
Reg.	Dist.	No.	J

Item 16, FilmG194 3-16-56 e t	(teg. Distr tevanitaring
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY CARROLL MARYLAND	MSTATRYLAMIS COUNTY O ARROLL
CITY (If outside corporeta limits, write RURAL LENGTH OF STAY	CITY (Woutside corporate fimits, write RURAL and give necess town)
OR and give neerest town) TOWN/) A / A 1 / R D I D CF (In this place)	TOWN DALLAN BRIDGE X
HOSPITAL OR	STREET (If rurel give location)
INSTITUTION OR STREET ADDRESS OF ALE A 1/11 CT	ADDRESS P CALE A LAA S T
3. NAME OF (First) (Middle)	(Losi) 4. DATE (Month) (Day) (Year)
DECEASED (Type or Print) DAV EUGENE D	OF DEATH ALL STATE
S, SEX 6. CÓLOR OR 7. SINGLE, MARRIED, 8. DATE O	AINE MAKET 5 56
RACE WIDOWED, DIVORCED,	5 1 1005 H 2 Months Days Hours Min.
MALE WHITE SOMER 3/1:	2/1882 / 2 yrs.
10a, USUAL OCCUPATION (Give kind of work dona during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
STOREKERPER - RETIRED - KETAIL	MARYLAND U.S.
13. FATHER'S NAME BA14E	14. MOTHER'S MAIDEN MADRE UM BRUM
THOMAS ZUMBRUM	IENDA BAINE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL-SECURITY NO	17. INFORMANT & ADDRESS
(Yes, na, of unk.) [If Yes, hive wer or dates of service]	HAHO BAILE NEWWINDSOR MD.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
	ablate a mar 1th
592 Y IMMEDIATE CAUSE (A) CURONICO M	yours virgouis
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	
GIVING RISE TO THE ABOVE CAUSE	
STATING UNDERLYING CAUSE LAST, DUE TO	
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, farm, factory, 2	21c, WHERE DID INJURY OCCUR? (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., alc.)	tic. Tricke Did Resort Court (City of Ioway) (Courty)
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d, TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21a. INJURY OCCURRED	2H, HOW DID INJURY OCCUR?
M, at work el ways	
22. I hereby certify that I attended the deceased from Allie	1935 to 315 1936, that I last saw the deceased
	19.4. that I last saw the deceased
alive on 19.992, and that death occurred at.	ADDRESS (Street, city, town, state) A DATE SIGNED
1/ Kegg mo.	Muon Bridge Md 3600
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	
REMOVAL (SPECIFY)	No Churren Churchen MAN
24, REC'D BY REGISTRAR REGISTRAN'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ABDRESS

INSTRUCTIONS

registrar within 72 hours after death. After this by the funeral director, the third copy of this

2.5

certificate be executed within 24 hours after death.

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has Even executed by the attending physician and nompletely filled death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

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EDEEND V. S.

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2724 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY		Henr	yton, MARYLAND	2. USUAL RESIDENCE		ed lived. If institution b. COUNTY		e before adm	ission)
Carroll			c. LENGTH OF STAY IN 16		yland				
RURAL and give ne	f outside corporate limi carest town)	its, writer		c. CITY OR TOWN		orate limils, write K	UKAL ond gi	As usdient to	wn)
Henryton	AL (If not in hospital, g		202 days		timore			3 V.U.I	1
OR INSTITUTION	Henryton S			d. STREET ADDRES	Gilmor	Street		ON	A FARM?
3. NAME OF	Fir		Middle	Lost	4. DATE	Mar	ul.	Day	Year
(Type or print)	Ell		Mae	Billinger	OF DEATH	Mar	_	30	19 56
5. SEX		7. MARRI WIDOWE	ED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years lost birthday)	1 444	YEAR IF UN Days Hour	
Female	Colored		KIND OF BUSINESS OR INDU	9/10/1930	tota on favolen	25 уп.	112 (171)	TEN OC WILL	AT COUNTRY?
during most of work	ring life, even if retired) 105. I	KIND OF BUSINESS OR INDU			Carolina		ted St	
13. FATHER'S NAME	rife			14. MOTHER'S MAID		001 01110	O S S A	004 00	a vee
John G	ilmore			Queen Ch					
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. 5	SOCIAL SECURITY NO. 17.	INFORMANT	0223	Add	ress		
No. no. or unknown]	(If yes, give war or dates of s	service)	None	Ella M. Bil	linger	814 N.	Gilmo	or St.	
18. CAUSE OF DEA	ATH (Enter only one co	Far						INTERVAL ONSET AN	ID DEATH
002 x	IMMEDIATE CAUSE (o	<u>'</u>	advanced pull	monary cuber	CUTOSIS	5		May,	1953
Conditions, if o									
gave rise to i	m mediole								
cottse (o), stoling lying couse lost.	the <u>under</u> (c								
PART II. OTH		7	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TO	ERMINAL DISEAS	SE CONDITION GIV	EN IN PART	PERF	S AUTOPSY FORMED?
PART II. OTH	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DESC	RIBE HOW INJURY OCCURRI	ED. (Enter nature of injury	in Part I ar Po	rt II of item 18.)			<u> </u>
20c. TIME OF INJUR	Y Month, Day, Ye	ar 20d. IN White at work	Nat white fc	LACE OF INJURY (Hame, octory, street, office bldg.,		y or lawn)	(Co	ounty)	(State)
	at 1 attended the			10 EE to	3/30	19.56	that I la		
alive on	3/30		4.4	h occurred at 10					
LUTTYE UIT	KL-KI	1	7 and that dean	n occurred diago.		in the causes of street, city or town,			DATE SIGNED
ACTUAL SIGNATURE	T.T.V	copo	EL	M.O. Henryt	on, Mar	yland		3/30	0/56
ACTUAL	T. F.	Vesta	1	M.O. Henryt	on, Mar	yland		3/30	0/56
ACTUAL SIGNATURE PHYSICIAN'S	N, 226. DATE THEREC		22c. NAME OF CEMETERY C			yland TION (City, town, town, town, town)	Distin	3/30	0/56 ole)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREC	OF		OR CREMATORY		TION (City, town, trar 24b, REGI	17	,n. C	0/56

THE OF HEALTH-EARLY NO. 45, 18	
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Assembly . W. Separtico. P. C.	
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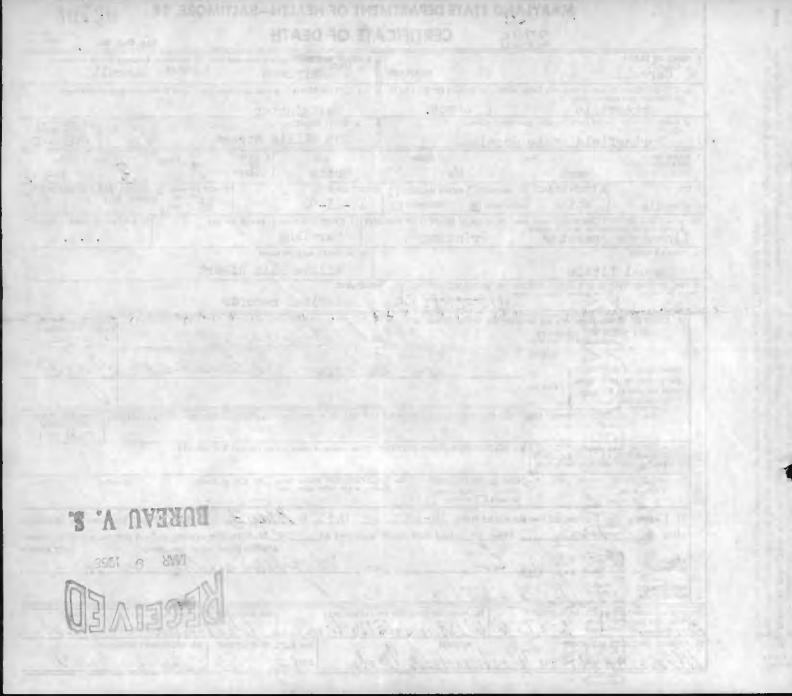
VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

2725

A 4	40			-		Keg. Dist. I	VO. /	7
). PLACE OF DEATH o. COUNTY Carroll	MARY		o. STATE Maryla		ved. If institution b. COUNTY	Carro		ion)
b. CITY OR TOWN (If outside corporate limit RURAL and give nearest town) Svkesville	ts, write c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (IF a		e limits, write RL	JRAL and give	nearest town)
d. NAME OF HOSPITAL (If not in hospital, gi	ive street address)		d. STREET ADDRESS	-		1	e. IS RESI	IDENCE FARM?
/ Springfield State	Hospital		205 Willia	s Stree	t			NO K
3. NAME OF Fin DECRASED (Type or print) Page 8.	May		Butts	4. DATE OF DEATH	3 Mont	3	/	Year 195 (
5. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIE	ED B.	DATE OF BIRTH	9.	AGE (In years los) birthdoy)	Months Day		
Female White	WIDOWED DIVORCE		10-11-90		65 yrs.	Months Day	rs Hours	Min.
ion. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired) Lineotype operator	Printing	R INDUSTR	11. BIRTHPLACE (Stote Maryland	or foreign cour	ilry)		U.S.A.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME				
Samuel Little			Millie E	lla Alb	ert			
15. WAS DECEASEDEVER IN U. S. ARMED FORE (Yes, no, or unknown) (If yes, give wor or dates of se		17. INF	Hospital:	records	Addr	eis		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate codse (a), stoting the under- lying couse lost. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSED BY:	Gent	a	Terro	Tell	apraga paga paga paga paga paga paga pag		5 gr	1
PART II. OTHER SIGNIFICANT CONI						EN IN PART 1(a	PERFO	NO [
	20b. DESCRIBE HOW INJURY O	CCURRED.	(Enter nature of injury in	Port 1 ar Port II	of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m.	or 20d. INJURY OCCURRED While Not while of work at work		E OF INJURY Home, form try, street, office bidg., etc.		r town)	(Coun	ty)	(State)
21. I certify that I attended the alive on			Maria	M, from			date state	
220 BURIAL, CREMATION, 22b. DATE THEREO REMOVAL (Specify) 3-6-19	PS 6 West me	ETERY OR	CREMATORY, Ter Elmila	22d. LOCATIO	on (City, town, o	county)	State	1.
23. FUNERAL DIRECTOR'S SIGNATURE HBankard Con	Wistmineter	m.	249. REC	B BY REGISTRA	R 246. REGIS	TRAR'S SIGNA	Tyleer	e)



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VS A15 (4) 15M 9/55

M	ARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
*	2726	CEPTIFICATE	OF DEATH	

CERTIFICATE OF DEATH

02707 Reg. Dist. No. 76

	PLACE OF DEATH	arroll		MAR	YLAND	2. USUAL RESID		here deceased	lived. If institut b. COUNTY		e before	-	an)
-	b. CITY OR TOWN (I	f outside corporate limi	ts, write	c. LENGTH OF STAY		c. CITY OR TO		,	rate limits, write l				
X	RURAL and give ne	orest town)		8 ment	hs			ndymou			×		
U	d. NAME OF HOSPIT	aple Boar		Home		d. STREET AC		burg,	R. 1			IS RESI	DENCE FARM? NO
3.	NAME OF DECEASED (Type or print)	Fir Lo	ttie	May	9	Caple		4. DATE OF DEATH	March		Doy 24		eor 9 56
	sex Pemale	6. COLOR OR RACE White	7. MARR	DIVORCE	0.0	DATE OF BIRTH	. 10	92	9. AGE (In years last birthdoy) 63 yrs.	Months		Hours	R 24 HRS. Min.
100	during most of work	N (Give kind of work ing life, even if retired I'K) _	kind of Business own Home	OR INDUST			or foreign co	untry)	12. CIT	ZEN OF		COUNTRY
13.	FATHER'S NAME		04 - 7			14. MOTHER'S							
_		ewis Win		-	- 1		ce ?	Taylor				1)	
IS. (Ye		R IN U. S. ARMED FOR		SOCIAL SECURITY NO		ormant	Capl	le Fi	inksbur	g. Me	aryl	and	
		mmediate (Piralia	Ca	rdis	Va	scu	Tation Van D	esea		AL BET	
CERTIFICATION	PART 31. OTF	SER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	EATH BUT N	OT RELATED TO	THE TERM	INAL DISEASE	CONDITION GI	VEN IN PART		PERFOR	MED?
	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	205. DESC	CRIBE HOW INJURY C	OCCURRED.	(Enter noture of	injury in	Port I or Port	It of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	or 20d. IN While of worl	Not white		E OF INJURY (H ry, street, office			or fown)	(C	ounty)		(State)
	actual signature	to lattended the Whish Land Land Land Land Land Land Land Land	3, 125 R-7	and that		n. 1956 accurred at	10/1 8 G	LM, fram	14, 121 the causes of reet. city of town,	and an th			
220	BURIAL CREMATIO REMOVAL (Specify) BUTIAL	Mar . 26		22c. NAME OF CEM Sandyn					ion (City, town,		yla	(Stote	
23.	FUNERAL DIRECTOR			ADDRESS			24a. REC'	D BY REGISTI	-	STRAR'S SIG		2	
	John R.	Byers We	estmi	inster. N	fary 1	and	DATE &	- N pr	5 A	one	1-	1/6	ulli

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W. Sec

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S'A ITTEET

1. PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2. USUAL RESIDENCE (HOM

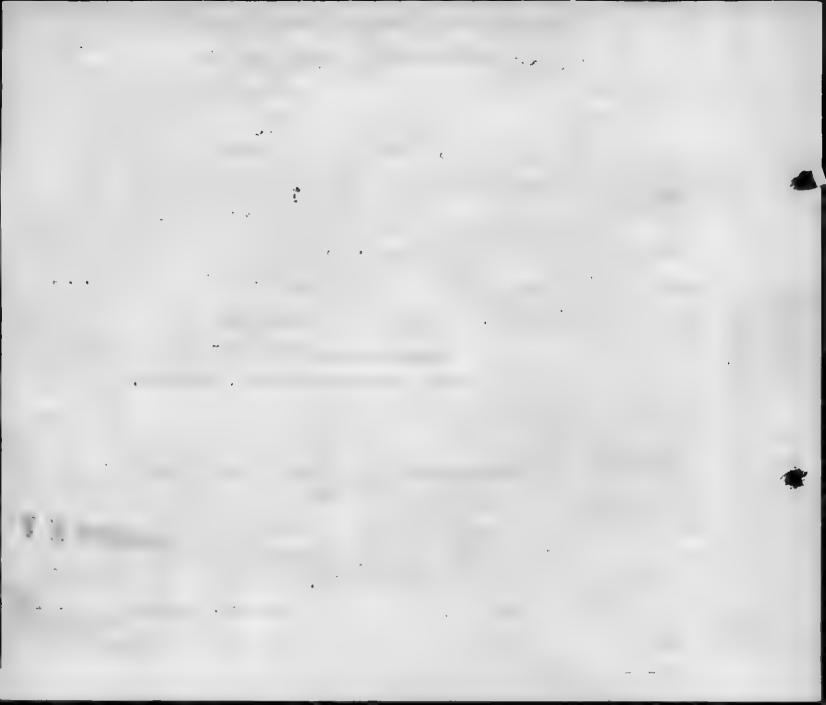
2727 CERTIFICATE OF DEATH

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Res	. Dist.	No	LV.	ب
E) OF DEC	EASED			
COUNTY				
ta RURAL end	give near	est lown)		
46	1			<u>*</u>
(If rural give Le Road				,
TE (Month		(Day)	(Yea	
ATH 2	,	16	,	56
	CTOULT SE		19 LIF UNDER	
_	Months	Deys	Hours	
3.		00,.	110012	1
	12.	COUN	N OF WH.	AT
nia			S.A.	
LO9 Ave	Leber	e Ro	ad	
CO) RVI	mai		RVAL BETY	WEEN
		ONS	ET AND D	EATH
ritatio	on.			
		YES YES	AUTOP:	343
wo)	{Count	1	(State	
	,		,_,,,,,	

STATE Maryland Carroll COUNTY MARYLAND (If outside corporate limits, write RURAL LENGTH OF STAY (If outside corporate limits, wr and give neerest town) (in this place) TOWN TOWN Henryton 1.002 days Dundalk HOSPITAL OR STREET INSTITUTION OR **ADDRESS** 109 Avonda STREET ADDRESS Henryton State Hospital (Middla) NAME OF (Last) DA DECEASED OF (Type or Print) Crawley DE. Thomas 5. SEX COLOR OR SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE last RACE WIDOWED, DIVORCED. Male Negro 18. Married Jan-10b. KIND OF BUSINESS OR INDUSTRY il. BIRTHPLACE (State or foreign country) 10a, USUAL OCCUPATION (Giva kind of work done during most of working life, even If Laborer South Boston, Virgin Steel 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Crawley Mary Clay 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT & ADDRESS 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give wer or detes of service) Mary Crawley -No 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH [A] Far advanced bilateral pulmonary TB, Car IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 218. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OF INJURY streat, office bldg., atc.) 21c. WHERE DID INJURY OCCUR? (City or to OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) 21s. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While 22. I hereby certify that I attended the deceased from June 18, ..., 19.53 to March 16 ..., 19.56 ..., that I last saw the deceased 56,....., and that death occurred at 11:39 M, from the causes and on the date stated above. alive on March 16 SIGNATURE ADDRESS (Street, city, town, state) DATE SIGNED Henryton, Maryland 3-16-56 BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY LOCATION (City, fown, or county) 119 REGISTRAR'S SIGNATURE 25, FUNERAL DIRECTOR'S, SIGNATURE REC'D BY REGISTRAR 3-16-56

wi≣in fune ≡ completely FUNERAL DIRECTOR: The law requires that the death certificate be physician 10 affending HOSPITAL by the hospital detached ģ plachs certificate has been executed death certificate assembly should take the continuous transfer to the certificate assembly should be continuous. bottom copy 0



	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMO	ORE, 18 02710
		Reg. Dist. No.
/	o. COUNTY Carroll MARYLAND 2. USUAL RESIDENCE (Where deceased lived o STATE METYLAND)	county Washington
,	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 18 years 80 days Hagerstown	nits, write RURAL and give nearest town)
,	d. NAME OF HOSPITAL (If not in haspitol, give street oddress) or instruction d. Street Address d. Street Address or instruction	IS RESIDENCE ON A FARM?
		YES NO
	3 NAME OF First Middle Last 4. DATE OF DECEASED (Type or print) Mary B. Delosier DEATH	March 20 1956
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGI lost 9. AGI 9	E (In years IF UNDER 1 YEAR IF UNDER 24 HRS. birthday) Months Doys Hours Min.
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Mill worker Maryland	12 CITIZEN OF WHAT COUNTRY
7,	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	Marshall Sprenkle Annie Butt	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Daughter (15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Daughter Unknown His year, give wor or dates of service) Unknown His year, give wor or dates of service) Unknown His year, give wor or dates of service)	rty St., Hagerstown, Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Acute myelogenous leukemia	days
	DUE TO	
	Conditions, if any, which gove rise to immediate DUE TO	
	lying couse last. 25 (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONTRIBUTIONS WITH SYPHILITIC MENINGO-ENCOPHALITES 200 ACCIDENT WAS UNDERLYING OF DEATH 206 ACCIDENT WAS UNDERLYING OF DEATH 207 OR CONTRIBUTING OF CAUSE OF DEATH 208 INJURY OCCURRED. (Enter nature of injury in Port II of its of the property of t	DITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 1 NO 1
	206 ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of it OR CONTRIBUTING 206. AMINER)	tem 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of w	n] (County) (Stote)
	21. I certify that I attended the deceased from 12-31-1937, 19, to March 20	
	alive an March 20 1956 , and that death accurred at 10.15pM, from the	
	SIGNATURE GLEVEN del Campo Springfield State I	
	PHYSICIAN'S Agustin del Campo M.D.	के के के किन्दु के के के के के के किए के किए के किए के का का के का का का किए का जे के की _{का} जी के के
	220. BURIAL, CREMATION, 225. DATE THEREOF 226. NAME OF CEMETERY OR CREMATORY 224. LOCATION IC	Tity, fown, or county) (State)
	REMOVAL (Specify) MARCH 23-SE ROSE HILL HAGE	PStown mel
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE	24b. REGISTRAR'S SIGNATURE
Ŀ	WATE 7-27-56	E strong well



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FUNERAL DIRECTOR:

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physician.

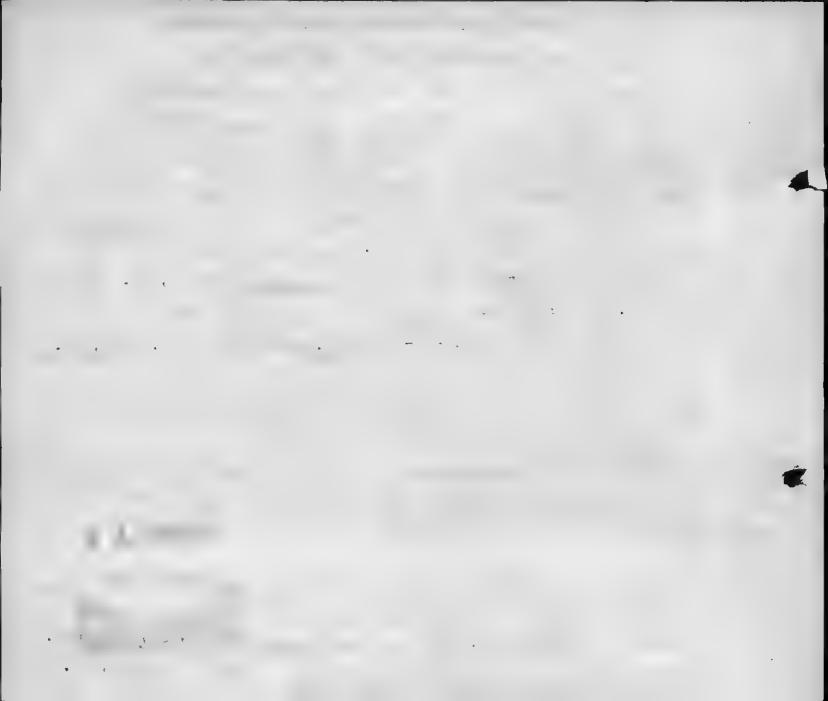
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

119712

	MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH Reg. Dist. No.
. Īī.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived If institution; Residence before admission)
) [[a. COUNTY C.ARROLL	LASTATO VI AND 6. COUNTY ADDOLL
	b. CITY OR TOWN (If outside corporate lim is, write RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
. 1	NESTMINSTER VEARS	MESTAINISTER
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS
1	ROUTE 6	ROUTE 6 YES NO 18
3	NAME OF First Middle	Lost 4. DATE Month Day Year
	(Type or print) GUY TILLUS F	LICKINGEN DEATH MAN 26 1956
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3	DATE OF BIRTH 9 AGE (in years IF UNDER 1YEAR IF UNDER 24 HRS.
	1ALE WHITE WIDOWED DIVORCED	12/29/1880 75 yrs. Months Days Hours Min.
10	J. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	RY M. BIRTHPPACE (State or foreign country) 12. CITIZEN, OF WHAT COUNTRY?
4/	ARIYER - RETIREN TENIENT	MARYLIAND 11.5.
T:	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
_	TESSE FLICKINGER	CARDLINE KING
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. H	NFORMANT Address
1	NO NO NONE P	REGICKINGER WESTMINSTER, MID.
	18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY I GOT DNAR I	Occhusion inivular -
П	420,1 DUE TO	
	Conditions, if any, which) (b)	
	gove rise to immediate couse (o), stating the underlying DUETO	
	cause last. (c)	
Z	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERM NALDISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
ĬŠ		PERFORMED?
CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING D	inter nature of injury in Port I or Port II of item 18)
	CAUSE OF DEATH.	
MEDICAL		CE OF INJURY (Home, Form, 20f. (City or town) (County) (Slote)
MED	Hour a. m. While Not while tock at work at work	ory, street, office bldg., etc.)
П	21, I certify that I took charge of the remains described abo	ve, held an Autopsy 🔲, Inspection 🔀 Inquiry 🔀, and find that
	death resulted from: Natural causes . Accident ., Sui	cide , Homicide , Undetermined cause .
		Early Land
	SIGNATURE James / / / / /	_M.D. CHIEF MEDICAL EXAMINER []

NAME (Type)

ASSISTANT MEDICAL EXAMINER

DATE 3 -

DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION, BURIAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY 226. DATE THEREOF ADDRESS

22d. LOCATION (City, town, or county)

(State)

23. FUNERAL DIRECTOR'S SIGNATURE

24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

VS. A15ME(5) 5M 9/55

or remayol.

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MARYLAND STATE DEPARTMENT OF HEALTH

2734

The confect

LUNKLY, WITH UNLADING INK. Supply every item of information carefully, pecially in portant. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FORBINDING

77.7

VS. A1 . 3

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. 74

	FOR MEDICAL	LEAAMINERS	Re	g. Dist. No	anfultura a
FIACE OF DEATH COUNTY		2. USUAL RESIDENCE (I		ASED COUNTY	,
CITY (If outs de corporate limite, write RURA)	MARYLAND	Marul an	d		
UR give nearest town)	and LENGTH OF STAY (in this place)	OR CITY (If outside corpor		RAL and giv	e nearest town)
	22 years	TOWN Balt	imore (If rural, giv	- land a	- 1
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield	State Hospital		Aiscuith S	t a	
5. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE	(Month)	(Day) (Year)
(Type or Print) Mary		Gintling	DEATH	3	B 19 56
Female 6. COLOR OR RACE White	SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	s. DATE OF BIRTH	72 v	Months	year Hours Min
10n. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State			CITIZEN OF WHAT
13. FATHER'S NAME	unc =	Pennsylvan	ia		U-S-A
William C. Gintling 15. WAS DEFRASED EVEN IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO.	Sarah J. G			
(Yes, no, or unknown) (If yes, give war or dates of service)	71 20 6				
Mo detaile)	18. MEDICAL CE	Mospital rec	ems		
1. DISEASES OR CONDITIONS DIRECTLY L		ICTIFICATION			INTERVAL BETWEEN
THE THE SHOP OF COMPITTIONS DIRECTLY L	EADING TO DEATH				ONBET AND DEATH
Immediate cause (s)	Pulmonary embolis	78	hand an wir on the op	Rese 12 No assessment	Instant
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Eracture of left	hip	***************************************	***************************************	11 days
U. OTHER SIGNIFICANT CONDITIONS					1
Conditions contributing to the death but not related to the disease or condition causing death	Schizophnenia, s	imple type			22 yrs.#
19a. DATE OF OPERATION 19b. MAJOR FI.	VDINGS OF OPERATION	military Al Iva			20. AUTOPSY?
					Yes No 🗆
PRIMARY FOR CONTRIBUTING PLACE	(Home, farm, factory, street, office bldg, etc.)	(CITY OR	rown)	(COUNTY)	(STATE)
CAUSI OF DEATH I INJUR	Y S.S.H.	Sykesvil		arroll	Mi.
OF - 2 - 2 4-4 2	NJURY OCCURRED While at Not while	HOW DID INJURY OC			
INJURY 2/26/56 2:00 Pm.	work [] at works.	Fell while wa	lking.		
22 I certify that I took charge of the remain	s described above, held an A	Intopsy 🕱, Inspection	, Inquiry th	ereon and j	from the exidence
cht wid by said Autopsy, Ins. crion or . from: natural causes , , accident	ngury, und that said dece	used died on the dry state	d above, and dea	th in my	opinion resulted
SIGNATURE	(Degree or title)	ADDRESS			DATE SIGNED
James I Mary De	puly her ex rune	Westminster,	1/d.		3/8/56
CEL MATION DATE THEREOF	NAME OF CEMPTE	RYOR CHIMATORY I	OCATION (City, t	own, or count	y) (State)
BALLERY LOCAL REGISTRARS S	3 Mar Par	Kellens	BALT	inel.	Taid.
DATE RECEIVED BY LOCAL REGISTRAR'S SE		24. FUNERAL DIRECTO	R	11	ADDRESS
min a 165% 10 2101	tin 71/1101	191. da . 4-10	1-1 411-13	to a Film	- News of B. B

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission a. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) director. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 3. NAME OF 4. DATE Middle Last Month DECEASED OF DEATH (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE |In years IF UNDER TYPAR Months WIDOWED J DIVORCED [YEL. 10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8USINESS OR INDUSTRY during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) DUSE WOY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.) Pe should 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or fown) factory, street, office bldg, etc.) While Not while 577 19 S Co at work at work to the Chief Medi 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X death resulted from: Natural causes Accident Suicide Homicide , **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE forworded h ASSISTANT MEDICAL EXAMINER DEPUTY cute the NAME Type DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION. 22c. NAME OF REMOVAL (Spec.fy) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS. A15ME(5) 5M 9/55

12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMED? YES 🔲 NO 🗌 (County) (State) Inquiry and find that Undetermined cause DATE SIGNED 22d LOCATION (City, town, or county) (State) 240 REC'D BY REGISTRAR

Rea. Dist. No.

Day

Days

e. IS RESIDENCE

YES NO

Year

IF UNDER 24 HRS.

Hours

19 56

Man.



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INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 2737

Reg.	Dist.	No. 76

	negi bisti Noncontonia a sa a
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Carroll MARYLAND	state Maryland county Carroll
CITY (If outside corporate (jimits, write RURAL LENGTH OF STA OR and give nearest town) . (in this place)	
town Union Mills 4 mont	hs Town 译############ Westminster
HOSPITAL OR INSTITUTION OR STREET ADDRESS Meadow View Nursing Ho	one Street (I rural giva location) ADDRESS 210 E. Main St.
3. NAME OF (Fast) (Middle) (Type or Print) Wilhemina Augusta	Harrison 4. DATE (Month) (Dey) (Yaar) FEATH March 19 19 56
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8.	DATE OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HR
Temale White Specify Widowed M	ay 22, 1861 94 yrs. Months Deys Hours Man.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if setired) House work OWN Home	11. BIRTHPLACE (State or foreign country) Cambridge, Maryland 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph E. Byus	Fannie Travers
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY	NO. 17, INFORMANT & ADDRESS
(Yas, no, or unk.) (# Yes, give wer or detes of service)	T.K. Harrison Westminster, Md.
18. MEDICA	L CERTIFICATION I INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
4 / IMMEDIATE CAUSE (A) Electric Sele	rotic Carolivibacular disease second your
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, (C)	
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE D.SEASE OR CONDITION CAUSING DEATH.	Lipitetie 3wana
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT MAC HINESIVANCE IT I 216 BLACE DI	YES NO
21b. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, form, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or lown) (County) (Sizita)
2Id. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED While M. al work at work at work	
22. I hereby certify that I attended the deceased from	
	arred at./
SIGNATURE	ADDRESS (Sirest, city, lown, state) & DATE-SIGNE
Janes J. March M.	o Westernation The 3/20/
3. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	TERY OF CREMATORY LOCATION (City, town, or county) (Stota)
_Burial Mar.21,1956 All Fa	aith Cemetery Charlotte Hall, Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 3-22-17 Hount Bully	John R. Byers Westminster, Md.
and the state of the work	John R. Byers Westminster, Md.

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7	Т	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()272()
4 % <i>c</i>		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
al di bio		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)
A should		6. COUNTY Carroll MARYLAND O. STATE Med 6. COUNTY Carroll
Poge	السا	CLTY OR TOWN (If autside corporate lymis, write RURAL ond give nearest town) ond give nearest town)
Tab.	1	d. NAME OF HOSPITAL OF INSTITUTION (If not in hospital, giyd street address) d. STREET ADDRESS o. IS RESIDENCE.
irrecto prior		Old Siberty Road: YES NO NE
Jelo bral d sur fil		NAME OF DECEASED (Lyst A. DATE Month Day Year DECEASED (Lyst or print) OF THE DECEASED (Lyst or print) Deceased DeceaseD DeceaseD Death Marcal 25 1956
Pr ye	5.	SEX COLOR OF RACE 7. MADRIED TO NEVER MARRIED TO 8. DATE OF RIPTH 19. AGE (In years I IF UNDER 1YEAR IF UNDER 24 HRS.
ed fe		Months Days Hours Min.
Heort 13 to	100	USUAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)
and and	1/2	orduction Horamen - Bulling Eddon, Ul, Up, H.
1, 2, 1	13	PATHER'S NAME
hou hou	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
File	۲¥)	WAS DECEASED EVER IN U. S. APMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 1. no. or unknown (if you, give you or deleas of service) 2.18-18-2894 Max One Confirmation Address Address Address Address
Ma. Gir		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]
rm Pern		PART I. DEATH WAS CAUSED BY: Carbon Monopula Presoning Munites
the formula the state of the st		973.1 DUE TO
be din in i		Conditions, If any, which by gave rise to immediate cause
ould pend dlong		(c), stoting the underlying OUE TO
Fice os d	NO NO	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ding sold sed	Š	YES NO Z
pen nner i be u	CERTIF	200. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCUPRED. (Enter noture of injury in Port II of item 18.) CAUSE OF DEATH.
Exam		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, i 20f. (City or town) (Caunty) (State)
the washing	MEDICAL	Hour o. m. 3/25 1956 of work of the bldg., etc.) R. Sukerivelle Revelle Mo
Poge P		21. I certify that I taak charge of the remains described above, held an Autapsy []. Inspection [X], Inquiry [X] and find that
V Krit V Krit OR:		death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined cause .
Sole, Section 1		ACTUAL DATE SIGNED
Mertification 1		SIGNATURE TOURS . PULL M.D. CHIEF MEDICAL EXAMINER .
DEPUTY worded UNERAI		EXAMINER'S JAMES / MARSH DEPUTY MEDICAL EXAMINER & 9/26/56
# 5 5 % k	22	BUR AL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATIONY 22d. LOCAT. ON (C.I.y. town, or county) (Stote)
5 - 5		Bully 3-28-56 Old Warland Warland Fil- deplease F.C.
VS. A15ME(5)	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS
5M 9/55	12	MANAGE STEP STEP STEP STEP STEP STEP STEP STE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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N: The low requires that the death certificate be executed with

TO HOSPITAL OR ATTENDING PHY

VS A15 (4) 15M 9/55

4 hours after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2741	CERTIFICATE OF DEATH

Reg. Dist. No. 12723

	1. PLACE OF DEATH a. COUNTY			· · ·	- 11	USUAL RESIDENCE (V	Where decease	d lived If institute b. COUNTY	oni Residenc	e before	odmissi	on)
٦	Carr			MARYLAND	1	Mary	yland					
ı	b. CITY OR TOWN (If RURAL and give new	outside corporate limi arest town)	ls, write	c. LENGTH OF STAY IN 1		c. CITY OR TOWN (IF	f autside corpo	rote limits, write R	URAL and g	ive neare	st lawn	
l		Sykesvil	le	since 4/21/5	4	Baltimore	City					de
	d. NAME OF HOSPITA					d. STREET ADDRESS				e.	IS RESI	
I	S	pringfield	Stat	te Hospital		713 North	Montfo	rd Avenu	е			NO 🍱
1	3. NAME OF DECEASED	Fir	••	Middle		Last	4. DATE OF	Mon	th	Day		eor
ı	(Type or print)	Maur	ice	Norvil	le	KEALEY	DEATH	Marc	h	6th	1	956
	5 SEX	6. COLOR OR RACE	7. MARR	IED MEVER MARRIED] 8.	DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER	\rightarrow		
	male	white	WIDOWE	DIVORCED	S	eptember 9,	, 1893	62 yrs.	Months	Days	Hours	Min
-	10a USUAL OCCUPATIO	N (Give kind of work in no life, even if retired	done 10b.	KIND OF BUSINESS OR IN	DUSTR	Y 11. BIRTHPLACE (Stat	te or foreign c	ountry)	12 CITI.	ZEN OF	WHAT	COUNTRY?
."	Elevator o		-			Baltimore	e, Mary	rland	Uni	ted	Sta	tes
	13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
ı	Maurice Kea	ley			1	Cecelia 010	Conner					
ı	15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17				Addr				
' [Tes	1st World	War	213-01-2706	Re	cords of Sp	pringfi	eld State	e Hosp	oita.	1	
Ì	18. CAUSE OF DEAT	H [Enter only one co	use per lin	e for (o), (b), and (c) }							VAL BET	
J	PART I. DEAT	H WAS CAUSED BY:	Pul	Imonary embol	ism						r and nute	
ı		DUE TO										~
ı	Canditions, if an	y, which) /b	Syph	militic cardi	ova	scular dise	ase wi	th marked	d	ma	anyv	rs.
ı	gove rise to in catse (a), stating t		card	liac hypertro	phy	-					~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
ł	lying cause lost.	le onder-										
1	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH B	UT NO	OT RELATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	EN IN PART	1(0) 19	WAS A	UTOPSY
ļ	PART II. OTH CBS assoc 200. ACCIDENT WAS OUT OF EITHER, NOTIFY I	. with CNS	syph	ilis, mening	0-6	ncephalitic	c, with	psychot:	ic rea	CHETT	PERFOR	NO []
1	20a. ACCIDENT WAS	LINDERLYING CT		RIBE HOW INJURY OCCUR								
ı		MEDICAL EXAMINER)	-									
	20c. TIME OF INJURY				PLACI	OF INJURY (Home, far y, street, affice bldg., e	rm, 20f. (City	or tawn)	(C	ounty)		(State)
	Hour our	19	While of work		lacia	y, arrest, direct plog., e	10.1					
ı	21. I certify the	ot I offended the	deceose	ed from April 2	lsi	1954 to 1	March 5	th 1956	that Lie	nst sow	the c	decented
ı	olive on_Mar		1956									
1	1 ,	111 21		,	1	corred deligible		lreel, city or lawn,		e dole	DA	TE SIGNED
ı	ACTUAL A)/	11-11	P	alleger.		S ₇	vkesvil	le. Mary	land		3-	6-56
ı		T.F. 7 L1. YF	-	6.2.11	m.i	·	Y					
ı	PHYSICIAN'S NAME (Type)	waither H.	. Son	nenfeldt, M.	D.							
İ	220 BURIAL CREMATION		F	22c. NAME OF CEMETERY	OR C	REMATORY	22d LOCA	ION (City, town, o	r county)		(State	
	REMOVAL (Specify)	3-9-56		Baltimore	Nat	ional Cem	Balt	o. Md.				
	23 TO NERAL DIRECTORS	SIGNATURE) .	ADDRESS		24a. REG	CID BY REGIST	RAR 24b. REGIS	TRAP'S SIG	NATURE	1	
	Theyer	- Chast	1 "	2716-18 E. Mo	nui	ent St DATE	May !	19.14 6	H. ve	4 . 1	Le:	1-7

BOLLINI V. S.

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VS A15C 1-55 10M

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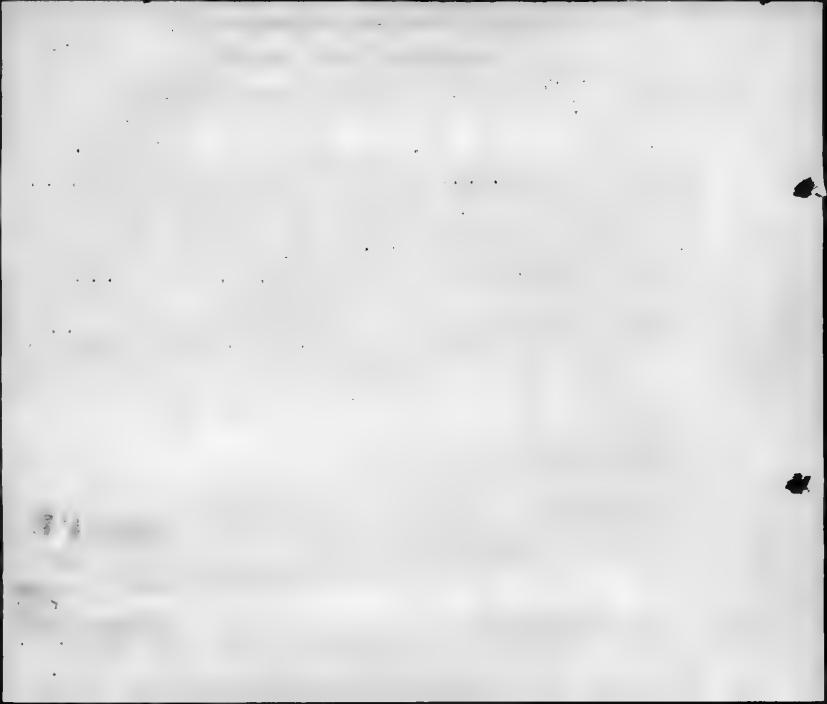
INSTRUCTIONS

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CERTIFICATE OF DEATH 2742

Reg. Dist. No...

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECEASE	0
(county Carroll	MARYLAND	STATE Marvlan	d county Carro	n I I
CITY (If outside corporete limits, write RURAL	LENGTH OF STAY	City (If outside corpore	ole limits, write RURAL and give nam	rest town)
Y TOWN Rural, Taneytown	(In this place) 3 Mo.	fown Rural,	Near Westminster	c, Md.
HOSPITAL OR INSTITUTION OR		STREET	(If rural give location)	
on STREET ADDRESS Taneytown, Md. R.	0.1		erry) Westminste	
3. NAME OF (First) DECEASED	Yuddla)	(Lasi)	4. DATE (Month)	(Dey) (Yees)
(Type or Print) Estella K	. Keefe	r.	DEATH 3/13/	56 19
S. SEX 6. COLOR OR 7. SINGLE, MARRIE WIDOWED, DIV	D, 8, DATE C	OF BIRTH 9	. AGE last birthday IF UNDER	Days Hours I Min.
Female White Specify Wid	owed Jan.	28, 1876	80 yrs.	Days Flours Min.
10s. USUAL OCCUPATION (G ve kind of work done during most of working life, ayan # OR	OF BUSINESS	11. BIRTHPLACE (State or foreig	n country) 12	COUNTRY?
retired Housework, Housewife O	wn home	Carroll Co.,	Md.	U.S.A.
13. FATHER'S NAME	Wildle bereitster	14. MOTHER'S MAIDEN N		
Wesley Hahn		Barbara	Yingling	
	SOCIAL SECURITY NO.	17. INFORMANT & AL	DORESS, Carbangh	R.D.1
(Yes, go, or unk.) (If Yes, give war or dates of service)	one	Mrs. David	Y. Carbaugh, Tar	neytown, Md.
	18. MEDICAL CEI	RTIFICATION		INTERVAL BETWEEN
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1 / 1	11.	,	ONSET AND DEATH
2 / IMMEDIATE CAUSE (A)	erior	Homos Ly.		40 64 102.
ANTECEDENT CAUSE(S) DUE TO	y profus	merch .		
GNING PISE TO THE ABOVE CALLSE	//			
STATING UNDERLYING CAUSE LAST. DUE TO				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				<u> </u>
TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.				
198. DATE OF OPERATION 196. MAJOR FINDINGS C	OF OPERATION			20, AUTOPSY?
210. ACCIDENT WAS UNDERLYING 21b. PLACE (Home.		21c. WHERE DID INJURY OCCUR	? (City or town) (Cour	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of (IF EITHER, NOTIFY MEDICAL EXAMINER)				
While		21f. HOW DID INJURY OCCUR		
22. I hereby certify that I attended the decea		4 1040 in 3.	13-1056 2-11	last raw the deserred
alive on	AL A death a second of	30:156 4 1	17 1801 C	1 -L
SIGNATURE /	inai deain occurred ai	TO DO THE CE	iuses and on the date state ESS (Street, city, town, stete)	DATE SIGNED
W. C. f. erwell	1. 7. 10 up	103 to 1100	a prestumo	~ M 3-N-S
23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF	NAME OF CEMETERY OR		LOCATION (City, town, or county	
Burial 3/16/56	St. Marrie Ce	meterv	Silver Run, Car	roll Co. Md.
24. REC'D BY REGISTRAR / REGISTRAR'S SIGNATURE	2 0 1	metery 25. FUNERAL DIRECTOR'S S	IGNATURE	ADDRESS
March 15/30 Ettel 1	Whehreno		Adon Littles	town, Pa.
	19	y R. A. Let	La-Partne	



MUNERAL

certificate

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

2743

02725

)	1.
leg.	Dist.	No.	,/	g

1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED Carroll STATE Maryland Carroll COUNTY COUNTY MARYLAND CITY (It outside corporate fimits, write RURAL and give nearest town) LENGTH OF STAY (If outside corporate limits, write RURAL end give nearest town) (in this place) Rural, Nr. Silver Run TOWN Rural. Nr. Silver Run Life Myers Dist. (If rural give location) HOSPITAL OR Myers District ADDRESS Westminster, Md. R.D.2 STREET ADDRESS Westminster, Md. R.D.2 (Middle) 4. DATE (Month) (Day) S. NAME OF (Last) (Year) DECEASED Krumrine (Type or Print) Paul Henry DEATH 19 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED, DIVORCED, RACE Months Hours (Specify) Married Male 2/3/1891 10b. KIND OF BUSINESS 12. CITIZEN OF WHAT 10e. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) OR INDUSTRY COUNTRY? done during most of working life, even if Carroll Co., Md. U.S.A. Farming Own farm 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Emeline Mummert John A. Krumrine 17. INFORMANT & ADDRESS

Mrs. Gertie M. Krumrine, Westminster, Md. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk.) None INTERVAL BETWEEN IS. MEDICAL CERTIFICATION ONSET AND DEATH I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH - IMMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 20. AUTOPSY? 19a, DATE OF OPERATION 196 MAJOR FINDINGS OF OPERATION YES 🗍 NO 210. ACCIDENT WAS UNDERLYING [] 21b. PLACE (Home, farm, fectory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) OR CONTRIBUTING TI CAUSE OF DEATH OF INJURY straet, office bldg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? (Year) (Hour) While Not while at work at work - 2/ 19 50, that I last saw the deceased 22. I hereby certify that I attended the deceased from.... alive on..... SIGNATURE 10% NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 23. BURIAL, CREMATION, REMOVAL (SPECIFY) St. Bartholomew Cemetery Nr. Hanover, York Co., Pa. Burial 25. FUNERAL DIRECTOR'S SIGNATURE 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE Littlestown. Pa.

J'AI.

		MAKILAND SIAIE DEPAKIM	ENT OF HEALTH—BALTIMORE,	18 02727
4 24	L	2745 CERTIFICA	ATE OF DEATH	Reg. Dist. No.
Page director ified with	7.	PLACE OF DEATH OCCUPATY BUSINESS MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution of STATE b. COUNT	
funeral funeral	7	b. CITY OBJOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN If outside corporate limits, write	RURAL and give nearest fawn)
by the	1	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS	o. IS RESIDENCE ON A FARM? YES NO P
han illed in es 1 on		NAME OF DECEASED (Type or print) DAVID - RAUB -	-LEIDICH OF DEATH ME	with Day Year 1956
d withil	5.	6 COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B DATE OF BIRTH JULY 25-1913 9. AGE (In year lost birthdoy) 472-yr	
execute n popel	100	. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Total	Terre	12 CITIZEN OF WHAT COUNTRY?
ote be	13.	Otis a Leidich	14. MOTHER'S MAIDEN NAME Mrine	iah
ng phys 72 bour		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IF		Hempsterd Med
if the death the ottendi Then pleas		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	Johns Disens	INTERVAL BETWEEN ONSET AND DEATH 2 4 17
n. n. signed by it permit. d in ony e		Conditions, if any, which gave rise to immediate couse (o), stating the under-tying cause tast.		
physicia os been ial-trons iaval, on	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION G	IVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO TO
ficate har the burner		200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)	
PHYSIC bis cert use os emotion	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a. r While at work di work	ACE OF INJURY (Home, farm, 20f. (City ar town) tory, street, office bldg., etc.)	(County) (State)
ENDING he hospith R: After I oched for buriol, cr		21. 1 certify that I attended the deceased from more alive an min so that death	accurred at 12:309 M, from the causes	b, that I last saw the deceased and an the date stated abave.
OR ATT		ACTUAL SIGNATURE M. C. Varter field	ADDRESS (Street, city or town	DATE SIGNED
PITAL O Re relaine ERAL DI 3 should gistrar pr		PHYSICIAN'S M.C.Porterfield, M.D.	Hampstead, Md.	
May b may b TO FUNI Poge the reg		BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF LIEUTERS OF LIEUT	Church Brickery	le-Penns
VS A15 (4) 15M 9/55	23.	Sele Stipton, Humpstea	A Nid DATE 3-9-56 7	Connet Mills

BOHLAU V. S.

occi i torr



1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
		2746 CERTIFICATE OF DEATH	
director.	1	PLACE OF DEATH a. COUNTY Carroll Adams 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY Adams	
s ofter death. y the funeral 2 should be f	7	b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) RURAL, Union Mills 5 Months Littlestown	-
by the	,	d NAME OF HOSPITALIN not to hospital, give street oddress) OR INSTITUTION Headow View Convalescent Home West King Street West King Street ON A FARM? YES NO	计
hour lilled in the land	3	NAME OF First Middle Lost 4. DATE Month Day Year DECEASED (Type or print) John Wesley Little DEATH 3/30/56 19	
d within		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. DATE OF BIRTH 9/2/1875 9/2/1875 9/2/1875 9/3 Hours Min	
executed and comple on papers.	/ []	usual Occupation (Give kind of work done during most of working life, even if retired) The country of working life, even if retired) The country of working life, even if retired or look and country of what country of the country	TRY?
sicion a re carbo	1:	Alexander Little Agness Ickes	
death certificate ttending physicio please remave co within 72 hours al		WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT: YV tolky dittle 4023 Benson St., No. 17. Wesley Little Philadelphia, Pa.	
the o	1	IB. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH ON A CAUSE OF	T
quires that igned by the permit. Till in any eve	CATION	Canditions, if any, which gave rise to immediate cause (a), stoling the under-	土
physician os been s iot-transit		Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? YES NO S	
ding fircate h the bur	101401	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH	
G PHYSIC hital or a r this cert for use as cremation	A COLOR	20c. TIME OF INJURY Month, Day, Year Haur a. pt. 19 While Not while of wark at wark at wark.	le)
NDING te haspit t: After ached fo vurial, cr		21. I certify that I attended the deceased from 3-23, 1955, ta 3-30, 1956, that I last saw the deceased alive on 3-30, 1956, and that death occurred at 1.A.M, from the causes and an the date stated about	ised ave.
OR ATTE	1	ACTUAL SIGNATURE ADDRESS (Street, city or town plots) DATE SIGNATURE	ŊED
refairels should stror		PHYSICIAN'S L.L. POTTER 3-30	57
O HOSP may be o FUNE page 3 the regi		Burial Cremation (City, town, or county) Burial 22b. Date thereof 4/2/56 22c. NAME OF CEMETERY OR CREMATORY Burial 12b. Date thereof (Stole) Littlestown, Adams Co., Penna	•
VS A15 (4) 15M 9/55	2	FUNERAL DIRECTOR'S SIGNATURE ADDRESS I.ittlestown, Pa. DATE 4-2-6 34 CARCILL Finds	1
	1	Fer Richard A. Little-	

VS A15 (4) 15M 9/55

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ARYLAND STATE DEPARTMENT	OF HEA	ALTH-B	ALTIM	ORE,	18
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CERTIFICATE OF DEATH

M

02729

	27	47	CERTIF	ICA	ATE OF DEATH	l		teg. Dist		143
1. PLACE OF DEATH o. COUNTY CAR	ROLL		MARYL	AND	2. USUAL RESIDENCE (Who o. STATE Maryl		. If institution	Residence	e before adn	nission)
b. CITY OR TOWN (IF	outside corporate lim	ils, write	c. LENGTH OF STAY IN	V 1b	c. CITY OR TOWN (If or		nits, write RUR	AL and gi	ve negrest to	own)
RURAL and give ne	- Sykesvil	le	since 1/8/5	34	Baltimore					,
d. NAME OF HOSPITA	AL (If not in hospital,	teatz evig	oddress)		d. STREET ADDRESS			,	e. 15 f	RESIDENCE
, ok ittoriori	Springfiel	d Sta	te Hospital	L	1505 Fernley	Road, #	18			A FARM?
3. NAME OF DECEASED (Type or print)	dia.	eph	Middle Freder	rick	LUHRMAN	4. DATE OF DEATH	Month March	1	Day 13th	Yeor 1956
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED		B DATE OF BIRTH	9. AG	E (In years IF		YEAR IF UN	IDER 24 HRS
male	white	WIDOWE	1000		September 22,		OO yes	Aonths	Days Hou	rs Min
10a USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUS	STRY 11. BIRTHPLACE (Stote of	or foreign country)		12. CITI	EN OF WH	AT COUNTRY
Retired bla	cksmith	B	lacksmith-		Baltimor	e, Maryl	and	Un	ited S	tates
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	AME				
Frederick					unknown					
	IN U.S. ARMED FOR	service)			NFORMANT		Address		_	
no			nknown	He	cords of Spri	ngfield	otate 1	lospi	tal	
DADT I DEAT	H MIAC CAUSED BY		se for (a), (b), and (c).]						INTERVAL ONSET AN	BETWEEN ND DEATH
	IMMEDIATE CAUSE () Asph			cous and food		right			
4	DUE TO				nus and trache	a				
Conditions, if an	mediate (neralized a	irte	riosclerosis				many	years
cotse (o), stating (lying couse lost.	he under-	=}								
CBS ASSOC Senile br	alu diseas	e, wi	un psychoul	le r	NOT RELATED TO THE TERMIN METABOLISM O "eaction. D. (Enter noture of injury in Po			th.	1(0) 19 WA PERI Y CC	S AUTOPSY FORMED?
			761 Can							
20c. TIME OF INJURY	Month, Doy, Ye	While	Not while	De. PtA fac	ACE OF INJURY (Home, farm, lory, street, office bldg , etc.)	20f. (City or tov	rn)	(Co	iunty)	(Stote)
21. I certify the	at I attended the	decease	ed from March	lst	, 19 <u>56</u> , 10 <u>Ma</u>	rch_13th	. 1956 .1	hat I la	ist saw th	e decensed
alive an Ma	rch 13th	125	6, and that d	leath	accurred at 12:55	PM, from the	causes and	an the	date sta	ited abave
<u> </u>	· de		0 4		7/ A	LDDRESS (Street, ci	ty or town, sto	te)		DATE SIGNED
ACTUAL SIGNATURE	aurin	4.9	de	11	No Syk	esville,	Maryla	nd	3/1	3/56
PHYSICIAN'S NAME (Type) 正	dmund Lust	haus.	M. D.							
220 BURIAL, CREMATION REMOVAL (Specify)	3/17/	5-5	HOLV P	ERY OF	eemer	22d. LOCATION (City, town, or o	ounty)	(SI	otel 1
23. FUNERAL DIRECTOR'S	SIGNATURE	1 .	ADDRESS			BY REGISTRAR	24b. REGISTA	AR'S SIGN	NATURE , 2	
J. Melor	lle Jen	terns	27/3/1/2	rk	Pave offet	소설·19년	3 6	Har	ry Ke	eve



VS A15 (4) 15M 9/SS

ARYLAND	STATE	DEPARTMENT	OF	HEALTH-	-BALTIMORE,	18
	_					

CERTIFICATE OF DEATH 2740

<u> </u>	6.148			Reg. D	151. No.
Į.	PLACE OF DEATH COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla	ere deceased lived If institution; Residented b. COUNTY	nce before admission)
	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or	utside corporate limits, write RURAL and	give nearest town)
١,	RURAL and give regrest town) Sykesville	6 1475.	Baltimor	e	3 VOI. 4 1
	d. NAME OF HOSP TAL (If not in hospital, give street	1 4 -	d STREET ADDRESS		e. IS RESIDENCE
П	Springfield State Ho	enital	1016 Abbey	Court	ON A FARM?
-					
3.	DECEASED (Type or print) Marie	Middle	McNeal	4. DATE Month OF DEATH March	5 19 56
S.	SEX 6. COLOR OR RACE 7. MAR	RIED 🔲 NEVER MARRIED 🔼	B. DATE OF BIRTH	9. AGE (In years IF UNDER lost birthdoy) Months	R 1 YEAR IF UNDER 24 HRS
	Female White wow	ED DIVORCED	3-2-1873	83 yrs Months	Days Hours Min.
100	USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Slote of	or foreign country) 12. Cl	TIZEN OF WHAT COUNTRY
	Button hole maker	unk	Maryland		U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
	Towns U MaNaal		Sarah F	laertv	
15.	James H. McNeal was deceased ever in u. s. armed forces? 14	SOCIAL SECURITY, NO. 17.	NFORMANT	Address	
[Ye	s. no, or unknown] (If yes, give wor or dates of service)	Zent	Hospital rec	ords	
-	No L	-07-70	HOSPICAL TEC	0145	
	18. CAUSE OF DEATH [Enter only one course per l PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o) Ce	rebral Hemorrha	ige		6 hours
	.⊃ ⊃ I △ DUE TO				,
		Arteriosclerosi	3		6 yrs.
	gove rise to immediate DUE TO				
П	lying couse lost.	Decubitus ulcer	with seconda	ry infection	3 weeks
Z	PART 11 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PAI	T 1(0) 19. WAS AUTOPSY
15	Chronic brain syndrom	e associated wi	th senility		PERFORMED? YES NO IN
CERTIFICATION	20g ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Part (I of item 1B)	
		INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm,	20f (City or town)	County) (Stole)
MEDICAL	Hour o. m While		ctory, street, office bidg., etc.)	County) (Stole)
5			50	2.2	
	21. I certify that I attended the decea		, 19 <u>00</u> , to	3-8 , 1956 ,that I	last saw the deceased
	alive on 3-8	$2Q_{-}$, and that death		PM, from the causes and on t	
	APPRIATE - 1	7-		ADDRESS (Street, city or town, stole)	DATE SIGNED
	ACTUAL SIGNATURE	icante	M.D. Springfie	ld State Hospital	3/8/56
	PHYSICIAN'S Alejandro P. V	icente	Sykesvill	e, Maryland	1 do 5 p d = = = 4 4 9 0 p 4 4 4 = = = =
224	REMOVAL (Specify) 3-12-56	22c. NAME OF CEMETERY O	Thedral	22d. LOCATION (City, Joyan, or county)	(Stole)
23.	FUNERAL DIRECTOR'S SIGNATURE	17 St Pauls	H. Bells DATE 3	O BY REGISTRAR 246 REGISTRAR'S ST 3-8-56 C HAM	GNATURE of Well
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2. A Communi

1151 V 4 1 1 1

		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12731
	L	2749 CERTIFICATE OF DEATH Reg. Dist. No. 78
		PLACE OF DEATH b. COUNTY Carroll ARRYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) b. COUNTY Carroll Maryland
L !		b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
1	1	rural Westminster 18 yrs. rural Westminster) d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS / O. 15 RESIDENCE ON A FARM?
	3.	NAME OF First Middle Lost 4. DATE Month Day Year DECEASED
	L	(Type or print) MYRLE A. MULLER DEATH MARCH 6 1956
		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lead birthday) Months Days Hours Min Min
		USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTR during most of working life, even if retired)
1		housewife own home Maryland U.S.
	13.	Willie F. Buckingham Carrie Leatherwood
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	{Ye	no or unknown) [1] yes, give wor or doles of service] none Mr. Francis Muller, Westminster, Md.
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
		IMMEDIATE CAUSE (6) & discontinuous Dugiels with 2410
		DUE TO Generalized metastation
		Canditions, if any, which gove rise to immediate DUE TO
		coese (a), stoting the under (but I secondary business Calleges (6) w
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
	CERTIFI	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur e. m. 19 While Nat while of work of otwark (17)
	×	21. I certify that I attended the deceased from 1 11.1 19.54, to Mark 16. 19.56, that I lost sow the decease
		alive on March 3, 1256 p. and that death occurred out 15 AM, from the causes and on the date stated about
		ADDRESS (Street, city or Jown, state) DATE SIGN
		SIGNATURE I THEN SPECKESSO Westminster Med 3/6/5/
		PHYSICIAN'S W. G. Speicher
	220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF EXEMPLE 22d. LOCATION (City, town, or county) (State)
		BURIAL 3-8-1956 Salem Carroll Co., Maryland
	23.	EUNERAL DIRECTOR'S SIGNATURE ADDRESS Winfield, Maryland DATE 3-10-51 EMORESS Winfield, Maryland ADDRESS Winfield, Maryland DATE 3-10-51
	_	Willield, Maryland Date 3-10-54 6/11 Starver

BUREAU Y. S.

Best 't AAM



VS A1S (4) 15M 9/5S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

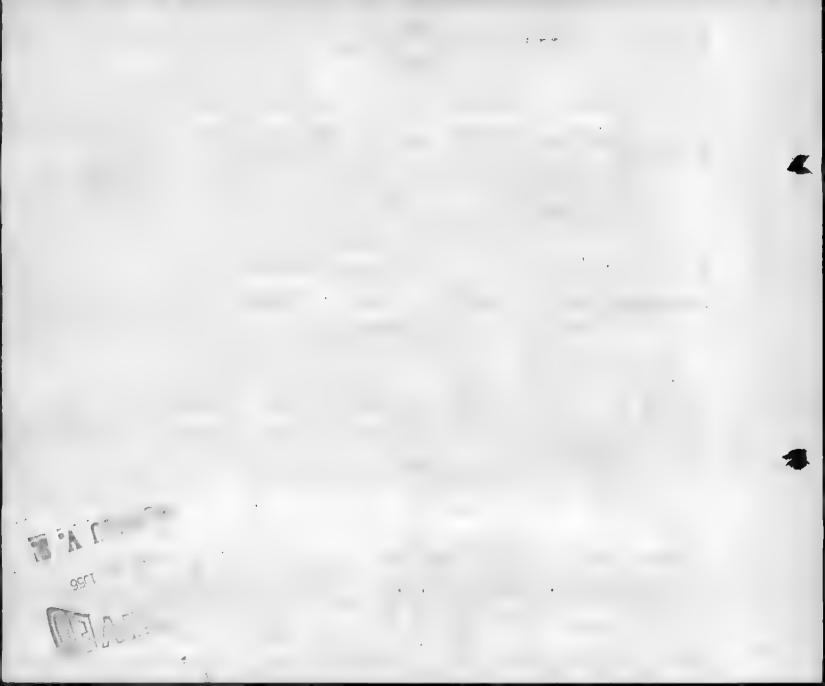
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		- U

27	50	CERTIFICA

CERTIFICATE OF DEATH

Reg. Dist. No.

- 10-											
ľ	PLACE OF DEATH			ALABY	LAND	2. USUAL RESIDENCE (V		b. COUNTY	on: Residenc	e before ad	lmission)
ŀ	Carroll MARYLAND				Maryland						
ı	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Sykesville d. NAME OF HOSPITAL (If not in hospital, give street address) OR HIST TUTION			IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
ŀ						Baltimore - 31					
1				d. STREET ADDRESS				0	RESIDENCE IN A FARM?		
ŀ		field Stat				1625 Tr	names S	treet		YE:	\$ NO
1	3. NAME OF DECEASED	Fi	'51	Middle		Lost	4. DATE OF	Mai	ith	Day	Year
ŀ	(Type or print)	PAUL	·		NCIS		DEATH	3		22	19 56
1	S. SEX			RIED NEVER MARRIE		B. DATE OF BIRTH		9 AGE (In years lost birthday)			JNDER 24 HRS.
ļ	Male	W	WOOW			2/22/04		52 yrs		110	VIII MIN.
1	during most of work	ON (Give kind of work ing life, even if retired		kind of Business o	RINDU	STRY 11. BIRTHPLACE (Sto	te ar fareign co	untry)	12. CITI	ZEN OF W	HAT COUNTRY?
4	Cook			Tughoat		V1rginia			US	Α .	
	13. FATHER'S NAME			ū		14 MOTHER'S MAIDEN	NAME				
-		L'Brien				Matti	e Warne	er			
	IS. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17. F	NFORMANT		Add	ress		
	unknow	n	υ	unknown		Record, Spri	ngfield	State 1	Hospit	al	
	18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]							INTERVA	L BETWEEN		
-	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia								3 d	AND DEATH	
	471X										
1		Conditions, if ony, which) [b]									
		gave rise to immediate DUE TO									
-	lying couse lost.)								
	PART II. OTH	ER SIGNIFICANT CON	DITIONS	ONTR BUTING TO DEA	ATH BUT	NOT RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19 W	AS AUTOPSY
	ACute brain syndrome due to alcoholism									REORMED?	
- 1	OR CONTRIBUTING	20a ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.)									
П	20c. TIME OF INJUR	Y Month, Day, Ye		VJURY OCCURRED	20e. PL	ACE OF INJURY (Home, for	rm, 20f. (City	or town)	(Ci	ounty)	(State)
1	Hour o.m.	19	While of wor	Not while	TO	tory, street, office bldg., e	HC.)				
	21. I certify th	at I attended the	deceas	ed fram_ 3/15		, 19 <u>56,</u> to	3/22	19_50	Σ,that I le	ast saw t	he deceased
	alive an3	/21	, 19	56, and that	death	occurred al :30					
1	1/2	11/10 28	100	and a let	110		ADDRESS (Si	reet, city or town,	stole)		DATE SIGNED
	SIGNATURE /	CANCT OF	100	<u>vviangui</u>	1. L.	M.D.	Sykesy	rille, Ma	uylan	d	3/22/56
	PHYSICIAN'S NAME (Type) Wa	lther H. S	onnen	∬eldt.′M.	D						
	220- BURIAL, CREMATIO	N, 226. DATE THEREC)F	ZZC. NAME OF CEME	TERY O	RCREMATORY	22d ACT AT	ION (City, town,	or county)	(State)
4	Alepons	1 3/23	156	ST W	nd	rewe	110	anot	ee.	/	1/21
1	73. FUNERAL PIRECTOTION	SIGNATURE	0 1	56 ADDRESS CA	00	lu 240. RE	C'D BY REGISTI	RAR 245. REGI	STRAR'S SIG	NATURE	
	VVV Cla	sortes C		10	vec	elale PASSATE	for to an	1 Cin	Janry	chier	Vn
				4							



A15C 1-55 10M

SX

INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2751 CERTIFICATE OF DEATH

02733

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IL PERCE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEAS	PED .
COUNTY (arrall	MARYLAND	STATE MARYLAND COUNTY Fre	edrick .
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	neers town)
OR and give nearest town) TOWN	(In this place)	TOWN Fredrick M	1 ,
HOSPITAL OR	1 2 70	STREET (If rura) give location	CY
INSTITUTION OR	SING HOME	ADDRESS	wit .
3. NAME OF (First) DECEASED	(Middle)	(Lest) 4. DATE (Month)	(Dey) (Year)
(Type or Print) Addice		IChL DEATH MARCH	19 1956
5. SEX 6. COLOR OR 7. SINGLE, MARI			DER 1 YEAR IF UNDER 24 HRS.
Premale White Specify)	Idow NOVE	EMber 1868 87 yrs. Month	Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KI	ND OF BUSINESS RAINDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
retired) Housewife /v	me	suknown	11 CA
13, FATHER'S NAME		1 14. MOTHER'S MAIDENNIME	Q.J.1.
4	A		
unknow		1 Junknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1 (Yes, no, or unk) (If Yes, givenwas or detes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	12.
NO NO		Mrs LUUISE SUNTT	1 reduch me
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	TIFICATION	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	oronam	Thumpas o	18 hrs.
ANTECEDENT CAUSE(S) DUE TO	1 A+	N 1. 10 1 1 -)
DISEASES OR CONDITIONS, IF ANY, IN CAY	westured	Carried Facular Crace	- Q
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		1)	
(C)	Tune	myreadle of	
TO THE DEATH BUT NOT RELATED TO THE			
DISEASE OR CONDITION CAUSING DEATH.		V	
190, DATE OF OPERATION 196, MAJOR FINDINGS	OF OPERATION		20, AUTOPSY
21e. ACCIDENT WAS UNDERLYING 1 21b. PLACE (Hon	ne farm lectory. 2	is. WHERE DID INJURY OCCUR? (City or town) (C	ounty) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER)	office bldg., etc.)	· · · · · · · · · · · · · · · · · · ·	(31010)
21d, TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e		216. HOW DID INJURY OCCUR?	
	vork et work		
22. I hereby certify that I attended the dece	ased from DEC 36	19 50, 10 MARCA 19, 19 56, that	I last saw the deceased
SIGNATURE	nar dearn occurred at.		sied above.
X 00/8/3 1/	2.	and the mil	5/10/16/
23. PORMAL CREMATION. I DATE THEREOF	I NAME OF CEMETERY OR	CREMATORY LOCATION (City, Jown, or cou	ety) // // // // // // // // // // // // //
REMOVAL (SPACIFY)	in Lali	P T	2 De Marielles
/ Noune 3/22/19	GIII Muel	Camelery Holderick	Wer
24. REC'D BY REGISTRAR'S SIGNATURE	Λ	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
OLTE Man. 19156 11/20, WRS	Demes	III IT CHENDED 11 YOU	4 Fraderick It

'A C.

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2752	CERTIFICA	ATE OF DEATH	•	Reg. Dist 12734			
I. PLACE OF DEATH o. COUNTY Carroll	MARYLAND	2 USUAL RESIDENCE (When or STATE	e deceased lived If institution b. COUNTY	Residence before admission)			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If our	side corporate limits, write RUI	RAL and give nearest town)			
Rural - Sykesville	20Y 4 M 12 B	1099 W. Fayett	e Street (1939	Baltimore			
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?			
Springfield Stat	e Hospital	See a	bove	YES NO			
3. NAME OF First DECEASED	Middle	Lost	I. DATE Month	Day Year			
(Type or print) Ruth	Virgir	nia z SCHMIDT	DEATH 3	16 19 56			
S. SEX 6. COLOR OR RACE 7. MAR	RIED 🔣 NEVER MARRIED 🔲	B. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS			
Female White WIDOW	ED DIVORCED	1//3/ 1907	48 yrs	Months Days Hours Min.			
10a USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State of	fareign country)	12. CITIZEN OF WHAT COUNTRY			
nongtouse work a	et Home	Maryland	BALTO,	USA			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME				
George Harry Francis	3	Ida J	urnner				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT	Addres	13			
	none	Record, Spi	ingfield State	Hospital			
18 CAUSE OF DEATH [Enter only one cause per li	ine for (a), (b), and (c).]			INTERVAL BETWEEN			
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rheumatic valvulitis, inactive, with deformity yes							
14.1 44. X DUE TO	in						
Conditions, if ony, which) 181 R	Conditions, if ony, which) By Rheumatic Ever						
gave rise to immediate DUE TO							
lying couse last. (c)							
PART II OTHER SIGNIFICANT CONDITIONS			AL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED?			
Schizophrenic rea	iction, cataton	ic type		YES X NO			
	T (IF EITHER, NOTIFY MEDICAL EXAMINER)						
20c. TIME OF INJURY Month, Day, Year 20d I Hour II. m. While p. m. 19 of wo	Not while fo	ACE OF INJURY Home, farm, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)			
21. I certify that I attended the decease	sed from 3/14	. 19 56, to 3/	76 19.56.	that I last saw the deceased			
alive an 3/15 /19				d an the date stated above			
ACTUAL SIGNATURE WALLELY H. JOV	mufeld	Al Al	DORESS (Street, city or town, stringfield State	ote) DATE SIGNED			
PHYSICIAN'S Walther H. Sonne	enfeldt. M. D.	Syke	sville, Maryla	and			
220 BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL ISPECTUS 3/19/56	Hen Ivas		2d. LOCATION (City, town for				
23. EUNERAL DIRECTOR'S SIGNATURE	O ADDRESS		BY REGISTRAR 246. REGIST	RAR'S SIGNATURE			
Lotuy. 6 owen &	Jou 90/ Ho	Cleves DATEL U	11.0 6.0	Harry Weers			
// //							

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 After ŏ 02735 CERTIFICATE OF DEATH CODY death. third after I. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED within 24 hours COUNTY MARYLAND STATE COUNTY CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give negrest town ector, OR end give nearest town) (in this place) OR TOWN TOWN NS でき executed HOSPITAL OR STREET INSTITUTION OR ADDRESS within uneral STREET ADDRESS 3. NAME OF (Middle) DATE (Month) (Dev) (Lest) [Year] registrar by the f OF (Type or Print) DEATH 5. SEX COLOR OR SINGLE, MARRIED DATE OF AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED, DIVORCED Months Days Hours 140 yrs. E 10e, USUAL OCCUPATION (Give kind of work KIND OF BUSINESS BIRTHPLACE (State or foreign country) CITIZEN OF WHAT Filled OR INDUSTRY done during most of working life, aven If requires that the death COUNTRY? permit. LABOR Filed FATHER'S NAME MOTHER'S MAIDEN NAME completely 9 physician. WAS DECEASED EVER IN U. S. 16. SOCIAL SECURITY NO. 17. certificate (Yas, no, or unk.) (If Yas, give wer or dates of service) MOR MEDICAL CERTIFICATION INTERVAL BETWEEN or attending I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSEL AND DEATH physician death **\$** IMMEDIATE CAUSI DUE TO ANTECEDENT CAUSEISI DIRECTOR: The law requires that the DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE be retained by the hospital attending DUE TO STATING UNDERLYING CAUSE LAST. HOSPITA detached I I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH, þe 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 2 YES NO should 210 ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, farm, factory, 21c. WHERE DID INJURY OCCUR? (City of town) (County) (Stete) executed OR CONTRIBUTING | CAUSE OF DEATH OF INJURY street, office bldg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER! assembly 21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e, INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while at work et work peen 22. I hereby certify that I attended the deceased from ... that I last saw the deceased certificate alive on MAG , and that death occurred has he causes and on the date stated above FUNERAL 10 12 certificate death cer DATE THEREOF NAME OF CEMETERY OR BREMATORY REMOVAL (SPECIFY) A15C 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. ADDRESS DATE



02736

e. IS RESIDENCE ON A FARM?

INTERVAL BETWEEN

PERFORMED? YES NO

(Stote)

(State)

Day

Days

U.S.A.

(County)

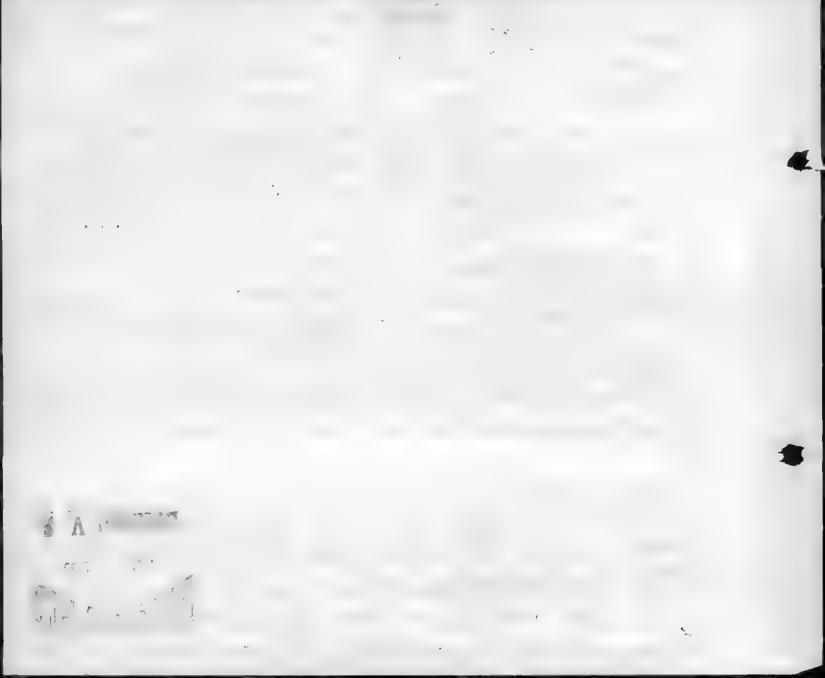
YES NO X

Year

19 56

after death.

15M 9/55



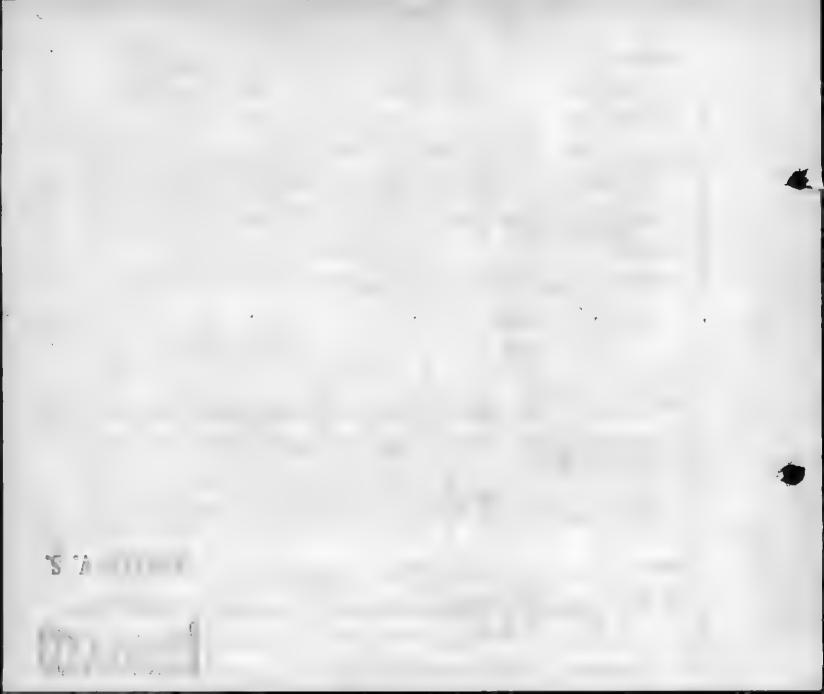
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

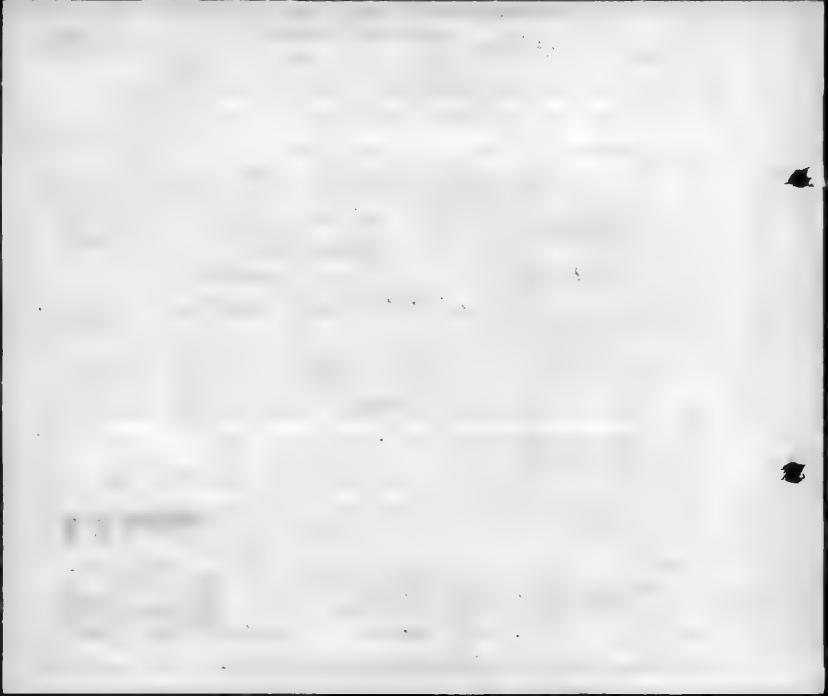
2720 CERTIFICATE OF DEATH

02737

	- GERTHION	TE OF DEPART	F	leg. Dist. No.
1. PLACE OF DEATH O. COUNTY APROLL	; MARYLAND	2. USUAL RESIDENCE (When o. STATE	e deceased lived. If institution b. COUNTY	Residence before admission)
b. CITY OR TOWN (if outside corporate limits, write c. BURAL and give nearest town) WESTMINCTER	LENGTH OF STAY IN 16	SAPIDY	I'M O U M T	AL and give nearest town)
d. NAME OF HOSPITAL (14 not in hospital, give street add OR INSTITUTION 2 42 E. MAIN		d STREET ADDRESS		e is residence On a farm? YES NO
3. NAME OF DECEASED (Type or print) TOLLY	THOMAS	SPENCER	DEATH 3 - 2 4	Day Year 195 Co
M WIDOWED	DIVORCED	10 V. 5. 18	90 Last birthday) A	Onths Days Hours Min
100 USUAL OCCUPATION (Give kind of work done 10b. KINduring most of working life, even if retired)	ID OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote of	foreign country)	12. CITIZEN OF WHAT COUNTRY
IT'es, no, or unknowed a fif was give year or closes of service) A see	14005/15 N CIAL SECURITY NO. 17. INI -67-3855	14. MOTHER'S MAIDEN NA ORMANT	PAARIV Address	OLD
18. CAUSE OF DEATH [Enter only one couse per line f PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	for (0), (b), and (c).			INTERVAL BETWEEN ONSET, AND DEATH
Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse last.	secretic Pardi	JASEULAY RO	MA Disease	3 months.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONTRIBUTIONS CON	Ann Cell L	OT RELATED TO THE TERMIN AVGAIX — Sug (Enjor nature of injury in Po	Cal + Rodiale Treat	PREFORMED? YES NO P
Hour a. n. While	IRY OCCURRED 20e. PLACE Factor of work	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the deceased alive on 3/2 . 19-5C. ACTUAL SIGNATURE G. ALLEN MOUTH NAME (1990) WESTMINSIE	fram. 12 and that death of the things of t	.b	3	that I last saw the deceased d an the date stated above the Dette signer 3/26/16
BURIN 5 3-28 1956	ANDY MOU	NI GM.	INITS BUT	Ra Mp.
23. FUNERAL-DIRECTOR'S SIGNATURE	ADDRESS INTERIOR	An of DATE 2	4.1	TAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

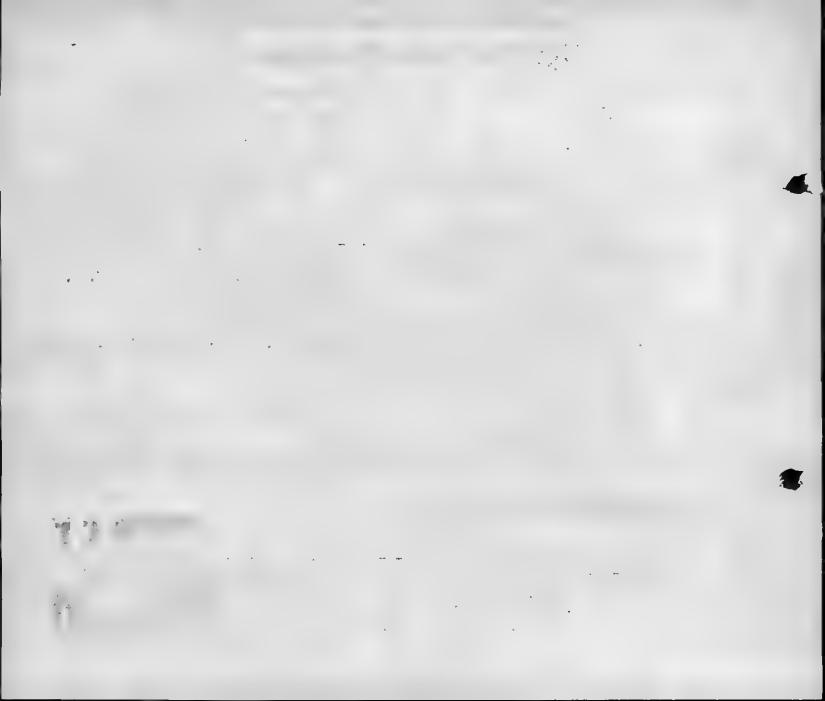


2

2755 CERTIFICATE OF DEATH

Reg. Dist. No. 74

	1. PLACE OF DEATH		2. USUAL RESIDEN	ICE (HOME) OF DEC	EASED				
	COUNTY Carroll MARYLAN		STATE Maryl	and county C	harles				
	CITY (If outside corporate limits, write RURAL LENGTH OF ST		CITY (If outside corpo	rate limits, write RURAL and s					
	OR and give neerest town) (in this place		OR		,				
	A Henry bolls Mary Land	ays	- Line	inville					
	HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(if sural give to	cation)				
	STREET ADDRESS Henryton State Hospital		c/o P	ost Office					
	3. NAME OF (First) (Middle)		(Last)	4. DATE (Month)	(Dey) (Year)				
	DECEASED			OF					
	(Type or Print) Michael		cleman	DEATH 3	12 19 56				
	S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8	. DATE OF E	BIRTH	9. AGE lest birthday IF	UNDER 1 YEAR IF UNDER 24 HRS.				
	Male Negro Sipecify Single	0.71	1891	ZE M	onths Deys Hours Min.				
				65 ун. "					
	10e. USUAL OCCUPATION (G.ve kind of work done during most of working life, even if OR INDUSTRY	11.	. BIRTHPLACE (State or fore)	gn country)	12. CITIZEN OF WHAT				
έ	refired) Fisherman Unknown	10	Charles Count	v. Marvland	U. S.				
	13, FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	1 00 00				
	T.7-3 L M 3			~					
	Walter Templeman			Gamble					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURIT (Yas, no, or unk.) (If Yas, give war or dates of service)	Y NO.	17. INFORMANT & A	DDRESS					
1	UTIK a		John E. S.	ime - Tompkin	ville, Maryland				
	10, MEDIC	AL CERTI	IFICATION	und - Tompatin	INTERVAL BETWEEN				
	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				ONSET AND DEATH				
	IMMEDIATE CAUSE (A) Hemiplegia								
	Anti-Cocki Choocks								
	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE								
	STATING UNDERLYING CAUSE LAST. DUE TO								
	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
	TO THE DEATH BUT NOT RELATED TO THE								
		1 bllat	teral cavitar	tuberculos1	<u>S</u>				
196	198, DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION				20. AUTOPSY?				
					YES NO				
	21e ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.)	21c.	. WHERE DID INJURY OCCUR	? (City or town)	(County) (State)				
	(IF EITHER, NOTIFY MEDICAL EXAMINER)								
	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRE		. HOW DID INJURY OCCUP	?					
	M. stwork at work								
	2 3 0 FZ		, 19.56, to3 -	19.29,	that I last saw the deceased				
	alive on 3-12- 19 56 and that death occ	urred at	パルコンドM, from the c	auses and on the date	stated above.				
8	SIGNATURE			RESS (Street, city, town, st					
10	T.F. Vealor	M. D	Henmet	on. Maryland	3-12-56				
A15C 1-55 10M	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEM		REMATORY	LOCATION (City, town, or	county) (State)				
50	REMOVAL (SPECIFY)	11 1			(3:218)				
₹ [Burial (5)15)50 Holy-	Fort		Issue of	nol.				
%	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	,	25. FUNERAL DIRECTOR'S	1 1 Dini	ADDRESS				
	DATE 3-12-56 Albert Resource	and	cerepart	Furural Hon	ue Ine				
l l			Setulat	marel					
			Jugar Co	SITTE					



INSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2756 CERTIFICATE OF DEATH

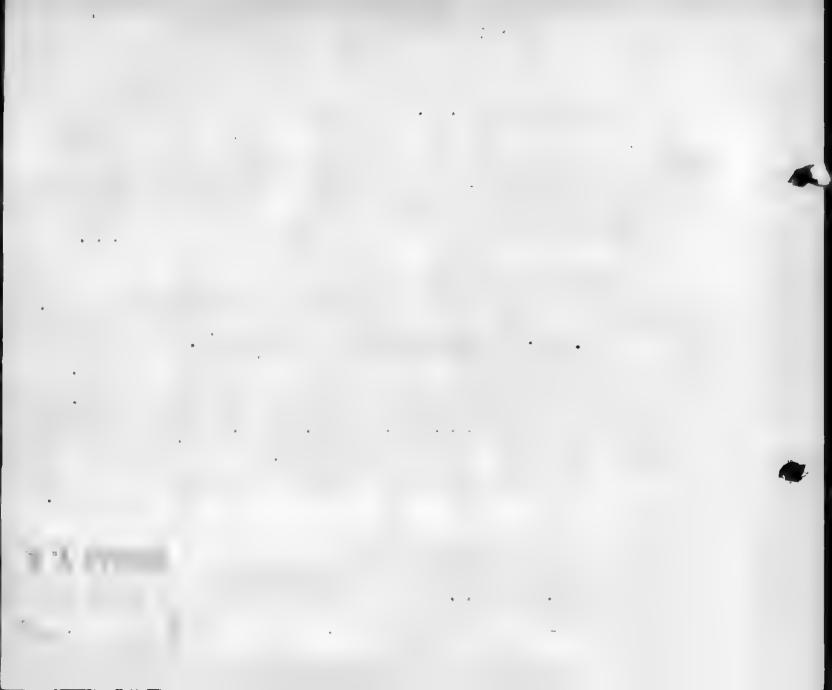
02739

Reg. Dist. No. 75

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY GOLD MARYLAND	STATE 19/61 COUNTY COUNTY
OR and diverses town! TOWN CITY (If outside corporate limity, write RURA) OR and diverses town! TOWN LENGTH OF STAY (In this place)	CITY (If out the Sprorate limits; write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR PIRCULAL CHRISTOPH # 1	STREET ADDRESS Warner Chestly #
(Type or Print) (Fifs) (Middle)	acy DEATH Yarch 4 1956
5. SEX 6. COLOR OB 7. SINGLE, MARRIED, WIDOWED, DIVONCES, [Specify]	11866 89 yrs. Months Days Hours Min.
dona during most of working tife, avan if OR INDUSTRY retired) OR INDUSTRY	11. ORACLE (State or torsion country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME TO TRUCY	Margaret 6 Hout
15. WAS DECEASED EVER IN U. S. ARMED FORCEST [Yas, bd. of unk.] (If Yas, give war or datas of service)	Tesse Trucy Banches to hitervalletween
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Arterio: Arterio:	screrotic Heart Bisease onsettand Death
DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) Carcing GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, (C)	oma Prostate Gland 2 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE [Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., atc.]	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (Stata)
21d, TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21e. INJURY OCCURRED While Not while at work 21 at work 22 at work 22 at work 22 at work 23 at work 24 at work 25 at work 25 at work 25 at work 26 at work 26 at work 26 at work 26 at work 27 at work 2	NH. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased fromJune	
alive onMarch31956, and that death occurred at.	
BIGNATURE W. H. Frounds M.D.	A.M. ADDRESS (Streat, city, town, stata) Manchester. Md. 3/4/56
23. ABURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY	EMELTARY LOCATION (GITY, TOWN) OF COUNTY) (State)
24. REC'D BY REGISTRAS SEGISTRAS SEG	25. FUNERAL DIRECTOR'S SIGNATURE // ADDRESS
DATE May . 7/56 Mrs. 6 P. Dourse.	Axdolerick Bucher Hening 19

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death estiticate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

SANT SELVE



		- 1)	Z	1	4	
q.	Dist.	No.	1	7	4	

	68) 5	CEKTIFICA	AHE	OF DEAT	П		Reg. Dist.	No.	74
o. COUNTY Carroll			MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Wash. Co.					
RURAL ond give n		vrite c. LENG	Yt. 10Mo.	c	. CITY OR TOWN (IF			URAL and giv	e nearest	town)
	TAL (If not in hospital, give	street oddress)		-	I. STREET ADDRESS	ersto	ATTP	_ +		RESIDENCE N A FARM?
, Spring	field Stat) .		543 N. I	Mulber	rry St.			NO.K
3 NAME OF DECEASED (Type or print)	Dorothy First	Swope	Middle They	OVI	nger	4. DATE OF DEATH	Mon 3-		Doy	Year 19 56
5. SEX			NEVER MARRIED		TE OF BIRTH	'	9 AGE (In years			NDER 24 HRS
Female	White w	DOWED []	DIVORCED [7	7-26-69		last birthday)	Months D	ays Ho	urs Min.
during most of wor	ON (Give kind of work done king life, even if retired)	e 10b, KIND O	F BUSINESS OR INDU	STRY	Marylar	_	ountry)	12 CITIZ	- ~	HAT COUNTS
13. FATHER'S NAME		1	.00	14,	MOTHER'S MAIDEN				ו, ט ו	3.
Simo	n Swope				Se	ra	?.			
S WAS DECEASED EV	ER IN U. S. ARMED FORCES		SECURITY NO. 17.	INFOR/		11.0	Add	ress		
(Yes, no. or unknown)	(If yes, give war or dates of service	21	nk !	Bes	sie E. I	tnvre	. Eggi	stown	7.50	1.
Conditions, if a gove rise to cosse (a), stoting lying couse lost. PART II. OT	ony, which (b) DUE TO (c) HER SIGNIFICANT CONDITI	IONS CONTRIB	Bronchi Chronic UTING TO DEATH BUT DW INJURY OCCURRE	Myc	RELATED TO THE TERM	S MINAL DISEAS		/EN IN PART 1	(a) 19. W	AS AUTOPS!
(IF EITHER, NOTIF) 20c. TIME OF INJU- Hour a.m. p. m.	RY Month, Day, Year				F INJURY (Home, for street, office bldg., et		or town)	(Co	unty)	(Stote
21. I certify to alive an ACTUAL SIGNATURE PHYSICIAN NAME (Type)	ACTUAL SIGNATURE M.D. Sykesville, Md. 3-2-56 PHYSICIAN M.D. Nastin M.D.									
REMOVAL (Spacify	3-5-56	Ro	LAME OF CEMETERY C	OR CRE	itery	No	TION (City, lown, a	or county)		md.
23 FUNERAL DIRECTOR	TO CAMERATANE	1	DDRESS		/	D BY REGIS	all a law commit	STRAR'S SIGN		

VS A15 (4) 15M 9/55



DECEDATED

MARYLAND STATE DEPARTMENT OF HEALTH

2721

2411 N. Charles Street, Baltimore

CEDTIFICATE OF DEATH

	Cr	RIFICA	LE OF D	EATH	Reg. Di	st. No.
1. PLACE OF DEATH-	***************************************		1 2. USUAL RES	IDENCE (HOME)		
COUNTY Carroll		MARYLAND	STATE	Md.		YYY11
CITY (If outside corporate limit OR give nearest town) TOWN Westminste		(in this place)	CITY (If ou OR TOWN	Finksbur	g, write RURAL a	and give nearest town)
HOSPITAL OR	nty Home		STREET ADDRESS		(If rural, give locat tminster	
3. NAME OF (Fin DECEASED (Type or Print) W11	liam G.	(Middle) Uhler	(Last)	O	EATHMELCIL	19,1956
Male Whit	e 7. SII	NGLE, MARRIED, DOWED, DIVORCED, pecify) SINGTE	Feb.24,	1RTH 9. AG	E last hirthday If	under 1 year If under 24 hrs onths. Days Hours Min.
10a. USUAL OCCUPATION (Give done during most of working life, ev I armer	kind of work 10b.	KIND OF BUSINESS OR		CE (State or foreign		12. CITIZEN OF WHAT
Washington				MAIDEN NAMI Flater	ġ	
15. WAS DECRASED EVER IN U.S. A (Yes, no or unknown) (If year, give service)	example Forces? 16.	None	Roger	eeling,F	inksburg	,Md.
I. DISEASES OR CONDITIONS / Immediate cause Antecedent cause(s) Diseases or conditions, if a giving rise to the above causating the underlying causaint. II. OTHER SIGNIFICANT CONIConditions contributing to the derelated to the disease or conditions.	a) Truese (c) DITIONS ath but not a causing death.	diac d	reata	lion		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION 19	b. MAJOR FINDIN	IGS OF OPERATION				20. AUTOPSY?
21. ACCIDENT (Specify)	PLACE (He	me, farm, factory, street,	: (0	CITY OR TOWN)	(COH	Yes No NTY) (STATE)
SUICIDE 1-275	OF office INJURY	hldg., etc.)		\times	,550	(SIAID)
TIME (Month) (Day) (Yes	r) (Hour) INJU While m. Worl		HOW DID IN	JURY OCCUR?		
22. I hereby certify that I a	ttended the dece	ased from Z-G	, 1933., to	3-19-,1	9≾≤., that I I	ast saw the deceased
alive on S.—/, SIGNATURE	1956, and that	death occurred at (Degree or title)	ADDRESS	from the causes	and on the da	te stated above. DATE SIGNED
TV. Q St	fares ;	m & 100	west-	mong	ter	3-19-56
REMOVAL (Specify) M	r.22,195	NAME OF CEMETE Sandymoun	t	Carr	ON (City, town, or oll Coun	county) (State)
REG. 3 - 20 - 36	GISTRAR'S SIGNA	TURE	J.F.Eli		s Reiste	rstown Md.

Harriet Millery

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15

MARGIN RESERVED FOR BINDING

The correct age



1	6	Ttem 3: Film G195 4/1 /56 dmr CERTIFICATE OF DEATH
· · · · · · · · · · · · · · · · · · ·	12	Keg. Dist. No. //
Page director		1. PLACE OF DEATH COUNTY Carroll MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Baltimore City
deoth.	×	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Sykesville C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
2 shou		d. NAME OF HOSP.TAL (If not in hospital, give street address) OR INSTITUTION Springfield State. Hospital d. STREET ADDRESS OR INSTITUTION 3121 Orlando Ave. Baltimore 14 VES NO PARM? YES NO PARM?
t haur ed in b		3. NAME OF First Middle Lost 4. DATE Month Day Year DECEASED Control of State 1 - Information of
Foges		
3 2		Male White WIDOWED DIVORCED JULY 17-79 ost Siethday) Manths Days Hours Min.
cecuted comple papers.	y	10a. USLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNT during most of working life, even if retired)
an g	- /	Unknown New York U.S.A.
te be corb		13. FATHER'S NAME Max Wagner Annie Fisher
hifica physic mave hours		15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17 INFORMANT Address
ng p	1 2	Yes. no. or unknown Yes. give wor or dates of service From hospital records
endi Frin	1	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] SAPT I DEATH WAS CAUSED BY TO THE CONTROL OF THE CON
he d en p		PART I. DEATH WAS CAUSED BY. Matastasis from Cancel of the provide - months.
that the by the t. Th. y ever		///X DUE TO
es the		Conditions, if ony, which (b)
quir d'in		coess (a), stating the under-
een consi		/ (-)
physos os b ial-ti	*	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TIGHT 19 WAS AUTOPSY Chronic Brain Syndrome asso. With dist. of growth, metab., or nutrition, with PERFORMED? Sent le brain disease with psychotic reaction YES [] NO [E
A: The ding of the burn or rem		20a. ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHY of ar his c use as emotion		20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. While Not while of work
Spite to the form		21. I certify that I attended the deceased from 12-30- 19.53, to 3-17- 19.56, that I last saw the deceased
NDI NDI NDI NDI NDI NDI NDI		alive on 3-17- 1956, and that death/occurred at 3-25 PM, from the causes and on the date stated abo
det det		ACTUAL Test to de Company Company (Street, city or lawn, stote) BATE SIGN ACTUAL ADDRESS (Street, city or lawn, stote)
ON DIRECT		Signature Springfield State Hospital 3-17-56
		PHYSICIAN'S Agustin del Campo
HOSPITAL ay be reto FUNERAL age 3 shaw e registror		22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
may boge page		Burial Har. 21/56 Green Hill Cemetery Hartinsburg W. Va.
VS A15 (4)		23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REGISTRAN'S SIGNATURE
15M 9/5\$		Harry H. M. 196e 4101 3dmondson Ave Harch 20,19 6 C. Harry Steer

TA ATTICE

J. Ruck, 5305 Harford Road #14

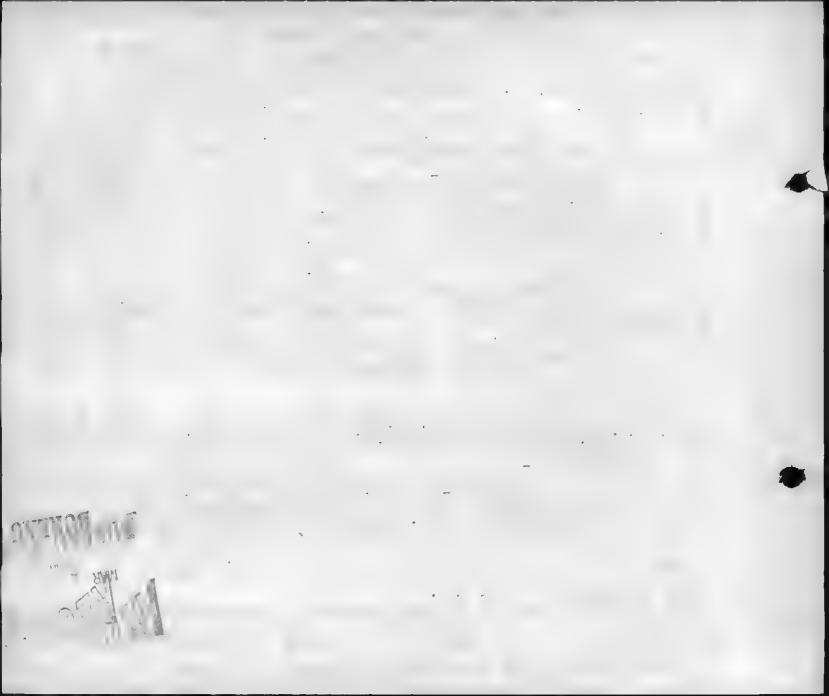
(Stote)

Rea. Dist. No 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) c. CITY OR TOWN (If outside corporate timits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO T Month Year March lst 19 56 IF UNDER 1 YEAR IF UNDER 74 HRS Months Days Hours 12. CITIZEN OF WHAT COUNTRY? United States Address Records of Springfield State Hospital INTERVAL BETWEEN ONSET AND DEATH day more than 2 months PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY CBS assoc. with disturbance of metabolism, growth or nutrition, presentle production of the psychotic reaction.

200 ACCIDENT WAS UNDERLYING DOR CONTRIBUTING D PERFORMED? YES NO (Stole) (County) 21. I certify that I attended the deceased from Sept. 26th .. 1955 , to February 29 1956 , that I last saw the deceased and that death occurred at 5100 AM, from the causes and on the date stated above.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

15M 9/55



122

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18						
	2761 CERTIFICATE OF DEATH (13900)						
	PLACE OF DEATH O. COUNTY ARRIAND 2. USUAL RESIDENCE (Where deceased I ved. If institution Residence before admission) O. STATE b. COUNTY ARRIAND b. CITY OR TOWN (If outside corporate limits, write. RIRAL and give project form) c. CITY OR TOWN (If outside corporate limits, write. RIRAL and give project form)						
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) WHAT OF HOSPITAL (If not in haspital, give street address) A STREET ADDRESS C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WHAT OF HOSPITAL (If not in haspital, give street address) CR INSTITUTION C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WHAT OF HOSPITAL (If not in haspital, give street address) CR INSTITUTION C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A STREET ADDRESS C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	NAME OF DECEASED (Type or print) MARGIE G. WERTENBAKER 4. DATE Month Day Year DEATH MARGIE 1956						
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years if UNDER 14 HRS lost birthday) Months Days Hours Min. On USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY HAVE IN MOTHER'S MANE						
, - -	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address WE DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address The CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]						
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Canditions, if ony, which gove rise to immediate couse (o), stoting the under- lying couse lost. Cardiae rusufficient (b) Curdiae rusufficient (c) ONSET AND DEATH ONSET AND DEATH						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO OF CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)						
	UP EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. p. White Not while of work of work						
	21. I certify that I attended the deceased from May 1, 1956, to May 15, 1956, that I last saw the decease alive an May 15, and that death occurred at 2,45 M, from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED						
	ACTUAL SIGNATURE M.D. REGG M.D. Long Suite M.d. 3-/6-5 PHYSICIAN'S T. H. Legg, M.D. Union Bridge, id.						
	20. BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d LOCATION (City, Iown, or county) (Stole) REMOVAL (Specify) 3/8/56 METHONIST CEMETERY ON IONTOWN 100 3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE //						
	DD. HARTXLERTSONS, NEW WINDSOR, MD. DATE 3/18/56 Margaret 7 Fingla						

BUREAU V. E.

OBVIDATA 3281 OI 89A

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02745

CERTIFICATE OF DEATH 2752

			Reg. Di	st. No
I. PLACE OF DEATH		2. USUAL RESIDENC	E (HOME) OF DECEAS	ED
COUNTY Carroll	MARYLAND	STATE Marvl	and county Doro	rhester
CITY (If outside corporete lymits, write RURAL OR end give neerest town)	LENGTH OF STAY	CITY (If outside corpore	te limits, write RURAL and give n	earest lown)
X Town Henryton	(in this piece) 1 day	TOWN Smithy	ille, Taylors	[s]and
HOSPITAL OR	1 22 000,9	STREET	(If rural give location	
institution or State Henryton State Hos	spital	ADDRESS Box 8	7 Smithville	•
3. NAME OF (First) (A	Aid dle)	(Lest)	4. DATE (Month)	(Dey) (Year)
17 0.1.4	rthorne	Wheatlev	DEATH 3	1 19 56
5. SEX 6. COLOR OR 7. SINGLE, MARRIE RACE WIDOWED, DIVO		OF BIRTH 9.	AGE lest birthday IF UND	ER 1 YEAR HE UNDER 24 HRS.
Male Negro (Specify) Mar	ried 7	-22-1926	29 yes Months	Deys Hours Min
10e, USUAL OCCUPATION (G ve kind of work 10b, KINE	OF BUSINESS	11. BIRTHPLACE (State or foreign		12. CITIZEN OF WHAT
	al Co.	Taylors Isla	nd. Maryland	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
Malachi Wheatlev		Ethel Wil	son	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	17, INFORMANT & AD		
Yes, no, or unk.) (If Yes, give wer or dates of service) Yes W. W. II	215-20-0466	Wilson H.	Wheatley - Tayl	lors Island, Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	10. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A) Far ad	lvanced pulmo	nary Tbc with c	avitation	
ANTECEDENT CAUSE(S) DUE TO				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE				
STATING UNDERLYING CAUSE LAST, DUE TO				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
196. DATE OF OPERATION 196. MAJOR FINDINGS C	F OPERATION			20. AUTOPSY?
	-			YES NO
216. ACCIDENT WAS UNDERLYING [] 216. PLACE (Home, OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY street, of (IF EITHER, NOTIFY MEDICAL EXAMINER)	ferm, fectory, fice bldg., etc.)	21c. WHERE DID INJURY OCCUR?	(City or town) {Co	ounty) (State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. While	Not while	211. HOW DID INJURY OCCUR?		
M. et wo	rk 🔲 et work 🛄			
22. I hereby certify that I attended the decease	sed from 2=29=	19.56 , 10 3	19.56 , that	I last saw the deceased
alive on 3-1- 19.56 and	that death occurred a	10 P. M. from the ce	uses and on the date sta	ted above.
BERATURE VA.		ADDRI	ESS (Street, city, town, state)	DATE SIGNED
1.F. Ilafai	M.D.		tate Hospital	3-1-56
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town, or coun	(State)
Removal-13041 3/5/1956	DINSALINA	e cemetery	1/0-1chestes.	Co. Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	1 10	25 FUNERAL DIRECTOR'S SE	GNATURE	ADDRESS
3-7-56	Acces III -	111 cm la . 11 / // // //	6 2 1 Ve 1 W/1.	11/1

INSTRUCTIONS

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MARIETA

VS A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2753 CERTIFICATE OF DEATH

1)2746, Reg. Dist. No.

1 PLACE OF DEATH a COUNTY CARVALL	2. USUAL RESIDENCE (Where deceased lived If institution; Residence before admission) o STATE b. COUNTY SHUALL
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Such Such Such Such Such Such Such Such	c. CIRCORTOWN (If outside corporate limits, write RURAL and give nearest town) Hulkburg
d. NAME OF HOSPITAL (If not inflospital, give street address) OR INSTITUTION	d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO D
3. NAME OF DECEASED (Type or print) MAGGEE E-MAY-W	112 Llost-4 4. DATE March 19 1956
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH Deel - 1879 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
100 US JAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDU during most of working life, even if retired)	11. BIRTHPLACE (State or Togerga country) Maufluid 12. CITIZEN OF WHAT COUNTRY
Samuel Stevens	Humles Hunt
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Pas. no. or unknown) 17. (Pr. yea. gave wor or dokes de-service) (720)	Why & Willey, Hicksburg Md
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: SIMMEDIATE CAUSE (a)	l Throntsis Saus
Conditions, if any, which gove rise to immediate cause (a), stoting the underly lying cause last.	7-Scharis 8 yen
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER!	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
	ED (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED theor e. gr. While Nat while at work at work	LACE OF INJURY (Hame, farm, actory, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that I attended the deceased from olive on 1900, and that deat	h occurred ot
SIGNATURE M.C. Partir full	M.D. Sompstan md 3/19/5.
PHYSICIAN'S M.C.Porterfield, M	Hampstead, Md. 3/19/56
220. BURIAL, CREMATION. 226. DATE THEREOF 220. NAME OF CEMETERY OF PRINCIPLE 21-1956 - GOLFFLUE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	OR CREMATORY 22d. LOCATION (City. 10mm, or county) (Store) Macket Moth Doublester (10) Mel 1 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SJONATURE
Jo To Elice & Sono Muterstour	1 Med DATE 3-19-56 14-0-2-100



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After ō CEEDY

mgistrar within 72 hours after death.

NSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02747

2764 CERTIFICATE OF DEATH

Reg. Dist. No.....

# 1	I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED						
	COUNTY CARROLL CO, MARYLAND	STATE M P, COUNTY						
	CITY (If outside corporate fimits, write RURAL LENGTH OF STAY	CITY (N outside corporate limits, write RURAL and give negrast town)						
×	OR end give nearest lown) TOWN Westmuster. (in this place)	OR TOWN WESTMINISTER						
	HOSPITAL OR	STREET (If rural give location)						
8	STREET ADDRESS ROCITE 4 APNOLD ROAD	ROUTE 4 ARNOLD						
3	(Type or Print) VERDNICA SHIRLEY	WOLICK 4. DATE (Month) (Dey) (Year) OF DEATH MAN 6 1956						
	FEMBLE 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, AUG							
1	Oe. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) OR INDUSTRY	11. BIRTHPLACE (State or foreign country) BALTOLM D. 12. CITIZEN OF WHAT COUNTRY?						
13	HENRY WOJICK	VERONICA KROLICIA						
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS						
U	Yes, no, or unk.) (If Yes, give wer or dates of service)	Henry Worck Route 4 arnold Rol it my						
-	18. MEDICAL CES							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH								
1	1544 IMMEDIATE CAUSE (A) VIRAL ITE.	SPIRATURY CLISEASE 3 days						
	ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IN CONSENSE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO								
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
	TO THE DEATH BUT NOT RELATED TO THE							
DISEASE OR CONDITION CAUSING DEATH								
''	175, MAJOR FINDINGS OF OFTRAJION	20. AUTOPSY? YES NO W						
0	1a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, or contributing Cause of Death of Injury street, office bidg., atc.) IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Slata)						
21d. TIME OF INJURY (Month) (Day) (Yaer) (Hour) 21a. INJURY OCCURRED While Not while at work stork								
	22. I hereby certify that I attended the deceased from 1950, to MAR Le 1956, that I last saw the deceased							
2								
1	plive on 3							
1	James James J. Marsha, D.	ADDRESS (Street, city, to bright 3/6/17						
7	3. BURIAL, CREMATION, / DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, fown, or county) (State)						
1	TO TO THE TOTAL PROPERTY OF THE TOTAL PROPER	EARTAPMARY BALTO. CO. MD.						
	4 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS						
D	ATELIEN 1,1916 Starret Sheller	Mm, S. Fialkowski 2007 Eastern and						

IT SECURITIES STEED TO THE REAL OFFICE OFFICE AND AND ADDRESS OF THE PARTY OF THE P

STATISTICATE OF DEATH

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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